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ARTICLE I.

DR. T. ROMEYN BECK.

Intimately connected with the later history of nearly every department of scientific literature, in this state, is the name beneath which we are writing. It is not our purpose, even did space permit, to follow the subject of this brief sketch through the many fields enriched by his labors, but simply to speak of his connection with the speciality to which this Journal is more particularly devoted. Although his mind seems to have been directed to the subject of insanity upon the very threshold of his professional studies, it has received but a small share of his attention—sufficient, however, to have contributed largely to its literature and progress in this country.

Dr. Theodric Romeyn Beck was born at Schenectady, New York, August 11th, 1791. His grandfather, Rev. Derick Romeyn, a distinguished scholar of his day, was a Professor of Theology in the school of the Reformed Dutch Church, and one of the founders of Union College. By the death of Dr. Beck's father, his early care and education, and that of his four brothers, devolved upon their widowed mother. In the brilliant future and distinguished usefulness of her youthful charge we see the fruit of the piety, intelligence and energy of this truly excellent woman; and as the reward of all her care, we find her, in advancing years, the honored mother of one of the most talented families in the state.

Of these five sons, two died early—one a lawyer of great promise, at St. Louis, and another, Nicholas F., who deceased while holding the

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appointed Principal of the Albany Academy, an institution collegiate in character, and occupying a high literary standing. Teaching was especially adapted to his taste; and, under his enlightened management, for more than a quarter of a century, the academy unvaryingly maintained a most elevated rank among similar institutions. Notwithstanding his connection as Principal with the Albany Academy, he seems to have retained his professorship at the College of Physicians and Surgeons, and, in 1824, delivered an introductory lecture "On the Utility of County Medical Institutions."

In 1829 Dr. Beck was elected President of the Medical Society of the State of New York, and, at the meeting of the Society, at Albany, delivered the annual address, on the subject of "Medical Evidence." Continuing in office several years, he pronounced, on similar occasions subsequently, two addresses—one upon "Medical Improvements," and the other upon "Small Pox," all of which will be found in the volume of "Transactions" for the respective years.

Since 1841 he has filled the honorable situation of Secretary to the Board of Regents of the University of New York; and, beside the multiplied duties connected with that position, has had devolving upon him, as *ex-officio* Secretary to the Trustees of the State Library, a large share of its management. The complete and well arranged catalogue of the Library, and the interesting and comprehensive reports of the Board of Regents bear the impress of his untiring application and devotion to the important interests over which that distinguished body presides.

Dr. Beck has always been a man of great and enlightened public spirit, ever ready to countenance and promote whatever tended to secure the highest interest of the community. This spirit and his natural benevolence have enlisted him ardently in the great public charities, either in their establishment and organization, or in the subsequent management of their affairs. His "Statistics of the Deaf and Dumb," read before the Medical Society of the State of New York, was the fruit of this philanthropy, and was most powerful in directing the attention of the public to the wants of this afflicted portion of the community.

Dr. Beck was appointed one of the Managers of the New York State Lunatic Asylum, by the act of its organization, in April, 1842; and has been re-appointed by the Governor and Senate, at the expiration of each successive tri-annual period until the present time. Upon the death of Mr. Munson, in the spring of 1854, he (although a non-resident member) was unanimously elected President of the Board. The institution has, at all times, had the advantage of his

wise counsels, efficient aid, and ardent devotion, and of his presence and immediate co-operation with his associates, whenever demanded by matters of unusual or special importance. Here, as well as in all other similar positions, he has ever consulted the highest and most enduring good of the interests committed to his charge, without regard to the prejudices or the more apparent benefits of the hour or the day, or any mere personal claims or advantages. His wisdom and experience, his independence, decision and energy, and his unflinching integrity have made him a most valuable guardian of all the affairs of this great public charity.

It is, however, with Dr. Beck as a writer that we have at present especially to do, and we will close this sketch by a notice of his editorial connection with this Journal, and his great work on Medical Jurisprudence.

In April, 1844, the first number of the *AMERICAN JOURNAL OF INSANITY* was issued from the press, occupying an entirely new field in the medical literature of this country. The generous motive which led Dr. Brigham, its founder and first editor, to assume, in addition to his onerous duties as Superintendent of a large asylum, the labor and responsibility of its establishment, is well known to most of our readers. To many of his colleagues and professional friends he was largely indebted for encouragement in his undertaking, and for much valued and gratefully acknowledged assistance: among them, Dr. Beck, who, deeply interested in the attainment of the ends at which the Journal aimed, warmly seconded his efforts, and, amid many other engagements, found sufficient time to contribute frequently and ably to its pages. After Dr. Brigham's death, the Managers of the State Lunatic Asylum, aware of the importance, to any specialty, of a periodical devoted to its advancement and interest, assumed the entire responsibility of its publication, and, by their unanimous request, induced Dr. Beck to edit the ensuing volume. He gave his consent, hoping at the close of the year to be relieved of a care which, with his other numerous duties, was a heavy tax; but, in the absence of any other arrangement, he continued to conduct it until the close of the last volume, when "advancing years and more imperative duties" compelled him to relinquish his editorial connection.

In the theme of his inaugural dissertation at the Medical College, and in the subject of many of his literary efforts, we perceive how early and closely his attention has been drawn to insanity and its legal relations. From a knowledge of his character, it is very natural to suppose that this interest was awakened, not only to the intrinsic merit of the subject, but also by the then very general feeling that this department of

medical literature was indeed most barren. How well he succeeded in his effort to supply this deficiency is evidenced by the multiplied editions of his "Medical Jurisprudence" which have already been called for. Since its first issue from the press, in 1823, in two large octavo volumes, of nearly two thousand pages, it has passed through five American, one German and four London editions. The favorable reception of this work in foreign countries, at a time when national feeling in the medical world was stronger than at any previous or subsequent period, shows how completely its merits disarmed every prejudice. Says a bibliographer, in a notice of the German edition: "Among the numerous and unequivocal evidences of the very high estimation in which Dr. Beck's 'Elements of Jurisprudence' are held by the profession in Europe, their translation into the German language must be regarded as the most flattering and decisive indication of their true value." In no country has this interesting and varied science been prosecuted with such unabated zeal, or have so much research and learning been elicited on its several curious topics, as in Germany. From the time of Zacchias, indeed, to the present day, it has been the favorite object of study with German physicians, and their opinions of the merits of any treatise on the subject are therefore entitled to the highest weight and the most respectful consideration. Proud are we, therefore, to see them prize the performance of our learned countryman so highly as to deem it worthy of transfusion into their vernacular tongue. In his native language his work is as yet without a parallel."

His labors in this field did not cease with the publication of his great work, but, for many years afterward, besides the emendation and supervision of subsequent editions, he contributed largely upon the same subject to various medical periodicals. A distinguished writer, in reviewing a copy of the tenth edition, for Hay's *American Journal of Medical Science*, remarks: "The pages of this Journal, for years past, have borne constant evidence of the untiring and *invaluable* research of Dr. Beck, whose observations and extracts from foreign and domestic sources have filled that portion of it devoted to medical jurisprudence; and the writer of the present notice bears his testimony to the same effect; for, having taken much interest in the subject, and consequently had occasion to examine the journals, he found it impossible to furnish a single novelty to this department in which he had not been anticipated by Dr. Beck." In both the medical and legal periodicals of the day there have, from time to time, with successive editions of his work, appeared many and varied notices and reviews—flat-

tering evidence of its merit, and the high estimation of both professions. From some of these it would give us pleasure to extract; but the work has already received the stamp of worth, has taken its place as high authority, and acquired for itself and its author a most extended reputation.

ARTICLE II.

CONSIDERATIONS ON THE RECIPROCAL INFLUENCE OF THE PHYSICAL ORGANIZATION AND MENTAL MANIFESTATIONS. BY A. O. KELLOGG, M. D., PORT HOPE, CANADA WEST.

ON THE INTIMATE RELATION OF EPIDEMIC PHYSICAL DISEASE, POPULAR DELUSION, AND INSANITY—PARTICULARLY AS ILLUSTRATED BY THE EPIDEMICS OF THE MIDDLE AGES, AND THE EPIDEMIC AND POPULAR SUPERSTITIONS OF OUR OWN TIMES.

There is nothing more evident than the fact, that it is impossible to study rightly and advantageously the diseases of the mind, without acquainting ourselves thoroughly, in the first place, with physical disease. Neither, on the other hand, can we understand or treat physical diseases successfully, without thoroughly understanding and appreciating the extraordinary influence of the mind upon all the bodily functions. In our last article, the advantage to be derived from a due consideration of this influence was pointed out, in some remarks respecting the successful treatment of dyspepsia by charlatans.

It is extremely interesting to observe, in reading the history of the epidemic diseases which from time to time have swept over the earth, that these have been accompanied or shortly succeeded by certain morbid moral and intellectual manifestations; and between these physical, moral and mental ills, I am led to believe, there was a mysterious connection, which has not as yet been thoroughly traced out. Brains, previously weakened by these physical plagues, were left in a fit state to be morbidly impressed and led astray by the first moral or mental delusions which presented themselves to the multitude.

In the writings of the learned German, Dr. Hecher, from which we shall draw largely for illustration, much may be found to show the truth of this; and, among the diseases referred to, the *black death*, or

plague, holds a prominent place. This most appalling of maladies began in China, first spread over Asia, and, traveling eastward, like all great epidemics, entered Europe in the year 1348. This spread from the south to the north of Europe, occupying nearly three years in its passage. In the second year it had reached Sweden, in the third invaded Russia.

The civil and political condition of Europe, at the time of this invasion, rendered people peculiarly susceptible of its blighting influences. War raged with demoniacal fury; robbery and violence shut up the peaceful citizens in walled cities and unwholesome habitations, overlooking filthy streets; within were pestilence and famine, without war, rapine and violence; the evil passions of humanity were left uncontrolled; religion was only another name for the darkest and grossest superstition and ignorance; and upon men weighed down by these accumulated evils came this dire pestilence, which in China alone was said to have destroyed thirteen millions—in Cairo fifteen thousand in a single day;* and it was said that vessels whose crews had perished were drifted about in the Mediterranean, leaving corruption and infection wherever they happened to strand. These statements, though doubtless exaggerated, were believed by the terrified people, and in what spirit they were met will be seen. Some committed suicide in their frenzy. Many villages and towns, forsaken by the terrified inhabitants, and desolated by the plague, were left entirely empty and silent as the house of death. Rich men and merchants, in the hope of diverting the wrath of Heaven, carried all their money and valuables to the monasteries, when the monks, fearing the infection, closed their gates against both them and their treasures. By reason of the churchyards being full, in Avignon, the Pope was under the necessity of consecrating the water of the river Rhone as a burial-place—giving them at least the advantages of holy water, if not of consecrated earth.† In Padua, when the plague disappeared, two thirds of its inhabitants had also disappeared, most having fallen victims. The Venetians fled to the islands, forsaking the city and losing three out of every four. The dead were carried out of towns to be buried in pits, and the populace fancied that, from indecent haste, many were thrown in alive. Italy was reported to have lost one half of its inhabitants. Churches were shunned as places of infection, and enriched, at the same time, with many donations and bequests. So many sudden deaths had engendered endless disputes as respects inheritance; and, when the disease passed

* *Op cit.*, p. 23.

† Hecher,—“*Epidemics of the Middle Ages*,” p. 26. Phil. edition, 1837.

away, men were amazed to observe how great was the proportion of lawyers to the rest of the community.

To show how the superstitions affected all classes, it is only necessary to mention, that by the most skilful physicians the black plague was ascribed to the grand conjunction of Saturn, Mars and Jupiter in the sign of Aquarius, in the year 1345. Such conjunctions always foreboded horrors to men, and every plague was in some way connected with the stars.

Such was the black death, which, towards the close of the year 1348, entered England, and committed unprecedented ravages, leaving, according to the extravagant calculations of Anthony Wood, scarcely a tenth part of its population; and the bodies of many, who were not affected by the pestilence, were weakened by the influences which operated in sweeping away so many, and few minds escaped the terror and superstitious dread arising from such heavy calamities.

About the first of the morbid mental derangements which followed this terrible manifestation of physical disease, we perceive existing among the brotherhood of the Flagellants, a sect which first sprang up in Hungary, and subsequently in Germany. Men, women and children of all ranks entered this order. They marched about in procession, each Flagellant with a red cross on his back, breast and cap, and carrying a triple scourge, attracting attention by the pomp of tapers and superb banners of velvet and cloth of gold. These arrogated to themselves such influence, and swayed so completely, at first, the disturbed minds of the people, that the church became jealous of them, as interfering with its own power for evil, as they claimed the privilege of absolving themselves; and a reaction being created against them in the fickle-minded populace, they were put down by relentless rage and persecution.*

But upon none did popular rage, induced by delusion, fall so heavily as upon the unfortunate Jews. The persecution of the Jews in those days began at Chillon, and spread from Switzerland through Europe. Pestilence was ascribed, in those days, to poisoned wells, and the wells were said to be poisoned by the Jews. Many of these poor Jews, put upon the rack, confessed all that was required of them, and told tales of bags of poison sent among the faithful of Israel by the great rabbi of Toledo. Wells were bricked over, and buckets removed. The Jews of Basle were shut up in a wooden building, and then smothered and burned alive. The same was the case at Freyburgh. At Spire, the Jews withdrew to their houses, and setting fire to them, burnt them-

* *Op cit.*, p. 35, 36, *et seq.*

selves and all they had with their own hands. At Strasburgh, two thousand Jews were burned alive on their own burial-ground; and those who, in frantic terror, broke their bonds and fled were pursued and murdered in the streets.

It was, then, among people weakened physically and mentally by these desperate afflictions and emotions that there arose certain dancing manias, forming a fresh disease, afflicting both body and mind.

The same generation that had seen the terrors of the black death saw, some twenty years afterwards, men and women dancing in a circle, shrieking, and calling wildly on St. John the Baptist, and at last, as if seized with an epileptic fit, tumbling upon the ground, where they desired to be trodden upon and kicked by the bystanders, who were ready to do it cheerfully. Others, like themselves, with diseased bodies and minds, became affected by sympathy, and that disease called St. John's dance, and which was supposed to be a form of demoniacal possession, spread over the entire Netherlands. They exorcised and made wonderful confessions. Their numbers increased so rapidly that they became, in their turn, objects of fear and dread, and communicated their morbid fancies—such as a furious hatred of the red color, with the bull's desire to tear red cloths and rags in pieces,—a detestation of pointed shoes, and other matters of fashion against which the priests had declaimed from their pulpits. This class of persons became so numerous and violent as to intimidate the civil authorities, and in Liege an ordinance was issued to the effect that none should wear any but square-toed shoes. This epidemic mania appeared also at Metz and Cologne, and extended through most of the cities of the Rhine.*

The next epidemic, incident to these times, which we are called upon to notice was that which broke out at Strasburg, where the dancers were cared for by the town authorities, and conducted to the chapel of St. Vitus, a youthful saint martyred in the time of Diocletian. The first distinct account of this disease is to be found in the writings of Plater and Senertus, both of whom lived about the close of the sixteenth century. The name, St. Vitus's dance, by which it is now familiarly known, was derived, according to Hirst, from the chapel of St. Vitus, near Ulm. Women laboring under a certain nervous affection were in the habit of resorting thither every spring, where they danced violently and unremittingly from morning till night, until, in short, they were completely exhausted, or fell down into a kind of swoon or extacy, such as we sometimes see, in times of violent religious excitement at camp meetings, at the present day. By this means they fancied them-

* Hecher on the Dancing Mania, p. 15.

selves cured for one year. The disease was thought to arise from the malicious doings of Satan, and was generally treated by exorcism.

The monks of the convent of St. Korbey were said to be particularly fortunate in casting out the evil spirit, through the divine influence of St. Veit, their patron saint. A legend suited to the peculiar emergency could be made out in favor of this saint, because little was known concerning him; and, therefore, he, and he alone, was competent to cure the dancing plague. But the plague spread notwithstanding, and the physicians, quite as benighted as the subjects of the disease, regarding it as a peculiarly spiritual question, left it entirely to the care of the church; and for a century women went annually to the chapel of St. Vitus, on St. Vitus's day, to dance away the fever that had accumulated during the previous twelve months. Such were some of the characteristics of what was termed St. Vitus's dance. At first it attacked people of all ranks, but more especially those who led sedentary lives, and compelled them to dance, even to death—sometimes to dash out their brains against a wall, or to drown themselves.

The next dancing mania we are called upon to notice was that which arose in Apulia, among those who had been, or fancied they had been, bitten by a ground spider called tarantula. At the close of the fifteenth century the fear of this malady had spread beyond Apulia. Those who were bitten were said to have become melancholy, very open to the influence of music, given to fits of weeping, wild joy, and fits of dancing, longings, and fatal paroxysms either of laughter or sobs.

It was believed that the poison of the tarantula could only be worked off by those in whom it begat a violent energy of dancing; it passed out then with the perspiration; but if any lingered in the blood, the disorder became chronic or intermittent, and the afflicted person would be liable to suffering and melancholy, which, whenever it reached a certain length, would be relieved by dancing.

The tarantali, or persons bitten by the tarantula, had various whims, violent antipathies to, and preferences for colors: most of them were wild in love of red; many were excited by new objects, &c. They were unable to dance except to music, and were under the necessity of having certain tunes called tarantellas performed; and the tarantella which suited one would not suit another, for some required a lively measure, others a melancholy one; some needed a suggestion of green fields, in both music and words, which must accompany. Nearly all required some reference to water, were mad in longing for the sea, and would be extatic at the sight of water in a pan. Some, after dancing, would plunge their heads into a tub of water. Some would dance with a cup of water in their hands.

In the beginning of the seventeenth century the cure of the tarantali was attempted on a large scale. Women, always foremost in acts of benevolence, employed bands of musicians to go about from village to village playing tarantellas for the benefit and relief of the afflicted, and the period of tarantella playing was called the "Woman's Carnival." The good creatures did not scruple to neglect their honorable duties, and allow their families to suffer, in order to give their money to pay for the dances; and some spent large fortunes in furthering this epidemic delusion, supposing themselves engaged in a work of heaven-born charity. These carnivals often influenced the thoughts of hysterical women, who, at their approach, sickened, and danced, and for the time being supposed themselves well; the tarantuli included, however, quite as many men as women.

We cannot account for these moral epidemics of the middle ages in any more satisfactory way than by supposing them the result of physical debility, brought about by accumulated and prolonged bodily suffering, and in some way connected with the physical epidemics which committed such ravages about the same time, or a little previous.

It is a singular fact, recorded in connection with these epidemics, showing how mysterious are all the laws of nature, that the decrease of population, which one would suppose to result from such visitation as the black death, was in a great measure obviated by the extraordinary fruitfulness of marriage;* and it is highly probable that the unstrung nerves and physical weakness transmitted to children by unhealthy parents—such as had suffered by the influence of these calamities—had some influence in the development of the moral epidemics that followed and have been alluded to. When bodies are ill clad, ill nourished, ill housed, or by late sickness or other causes depressed, minds are apt to suffer in a corresponding manner. Any one who has experienced a severe fit of illness, which has produced great physical debility, is well aware to what extent the mind suffers, until the natural strength of the body is completely restored. The examples given show how bodies thus debilitated contained or transmitted minds equally debilitated and unhealthy, and peculiarly prone to be led away by the first lunatic fancy which presented itself; and therefore people abounded who were ready to believe themselves transformed into wolves and other wild beasts,—that they were witches, or possessed of evil spirits, &c. It is said that even the most sceptical could not shake off the influence of the popular credulity. A certain bishop of Foligno suffered himself, in bravado, to

* Hecker.—"Treatise on the Black Death," p. 33.

be bit by a tarantula; but even he, to become cured, had to throw aside his episcopal dignity, and take to dancing.

In 1556, a number of children, brought up in the city of Amsterdam—girls as well as boys—to the number of sixty or seventy, were attacked with an extraordinary disease. They climbed like cats on the walls and roofs. Their aspect was alarming, they spoke foreign languages, said wonderful things, and even gave an account of all that was passing in the municipal council. They ran in groups of ten or twelve through the public squares, went to the rector, and reproached him with his most secret actions. It is also asserted that they discovered several plots against the Protestants; and the faculty of prophesying, foretelling the future, and speaking in foreign languages appeared really to exist in this epidemic.*

But it is unnecessary to go back to the dark ages for illustrations, as such occur in our own times, and under the immediate observation of all persons. The delusion of "Millerism," which caused so much insanity, is well known to all who take any interest in the chronicles of human action; therefore it is only necessary to glance at it in this connection. Another, something similar, occurred about the same time in Sweden. The disease was characterized by two striking and remarkable symptoms: the one *physical* consisted of a spasmodical attack, involuntary contraction, contortions, &c.; the other *psychical* was announced by an extacy, more or less involuntary, during which the patient believed that he saw and heard things divine and supernatural, and was instigated to speak, or, as the people expressed it, to preach.—Many medical men considered this disease as one form of the chorea of the middle ages.

During these extacies the persons attacked were remarkable for an irresistible loquacity, a constant mania for preaching the Word of God, and for visions and prophesyings. In consequence of the peculiar tendency of this singular affection, it has been called *the preaching disease*. Most of the faculty who witnessed these paroxysms have compared them with somnambulism, or the magnetic sleep; but no one has been able to say positively that they belonged to either of these states. The sick persons frequently spoke of the visions they had had of heaven and hell, of angels, &c. They also predicted the end of the world, the last judgment, and the day of their own death—always with the assumption that their predictions were real and holy prophecies. It will be remembered that the greater number of the convulsed of St. Medard also predicted that the end of the world would occur on a day

* Van Dale.—"De l'Idolatrie Fraef," pp. 18 and 19.

which they fixed; but, as with the Swedes and Millenarians, their prophecies were not accomplished.

These extatics, when the paroxysm was over, appeared as though they had emerged from a dream. They averred that they had seen supernatural sights, and recited the prophecies,—that they had seen the place of punishment of the condemned, and also the elect seated at the Lord's table. The greater number of the persons attacked were of the lower order. It was a psychical contagion, brought on by imitation. In one year several thousand persons had the epidemic. A development of the intellectual faculties was not remarked in this disease; or, if it did exist, it was an exception. The greater number of the discourses and sermons were paltry and devoid of ideas, often consisting of pure nonsense, more frequently of exclamations repeated unto satiety, and continual repetitions of the same trifles, uttered in a sententious tone. Fanaticism, ignorance, and the thousands of religious tracts distributed amongst the people, had, according to the opinion of the Swedish faculty, induced a state of preparation for this epidemic.*

The influence of certain atmospheric conditions upon the mental as well as physical state of individuals has long been noticed, and there are few individuals who have not experienced this in their own persons. The influence of moist air upon the dispositions of the mind has long been known. It has also been noticed that certain atmospherical phenomena have preceded or attended suicidal epidemics; and whether certain electrical conditions of the atmosphere have or have not an influence in spreading the suicidal and other moral epidemics is a point not easily determined. That a certain degree of eccentricity, bordering on aberration, is, in certain individuals, in whom there lurks a latent predisposition to insanity, occasionally made manifest, is well known. "With our present amount of knowledge," says Dr. Winslow,† speaking of imitative or epidemic suicide, "of the subtle principle of contagion, it is difficult to say whether an effluvium may not be generated in such cases, which, under certain conditions of the system, may communicate disease. We cannot possibly say that such is not the case," says he, "though we are by no means willing to admit that the disposition to suicide may be propagated by contagion—using the term in its usual acceptation."

Whether suicide is or is not propagated by contagion, we cannot

* "Mémoire sur l'Extase religieuse épidémique," par M. le Docteur C. N. Souden.—Quoted from *Gazette Médicale* by Dr. De Boismout, in his treatise on Hallucinations, p. 230, 231. Philadelphia edition, 1853.

† "Anatomy of Suicide," page 113.

presume to decide; but that, in certain persons of a susceptible, nervous temperament, it is perpetrated by a morbid disposition to imitate—the same as hysteria, chorea, and other nervous affections—cannot be doubted. A man once hung himself on the threshold of one of the doors of the corridor at the *Hôtel des Invalides*. For two years previous no suicide had occurred, but in the succeeding fortnight five invalids hung themselves on the same cross-bar, and the passage had to be closed. In one of the Berlin hospitals, some fifty years since, a young woman, of robust frame, visited one of the patients. On entering the ward, she fell down in strong convulsions. Six female patients who saw her became at once convulsed in the same way, and, by degrees, eight others passed into the same condition for four months, during which time four nurses followed their example. They were all between sixteen and twenty-five years of age. Some years since, in one of our popular boarding-schools for young ladies, a pupil became affected by chorea. Her contortions being perceived by the school, this case was soon followed by another, and still another, until the disease became regularly epidemic. A judicious physician being called in, proposed that cauterization by a red-hot iron should be applied to the next case which occurred: this prescription becoming generally known through the school, no more cases occurred. In the olden time, the ladies of Miletus, in a fit of melancholy for the absence of their husbands and lovers, resolved to hang themselves, and, as in all fashionable amusements, vied with each other in the alacrity with which they carried on their work of self-destruction. Sydenham informs us that at Mansfield, in the month of June, suicide prevailed to an alarming degree, from causes wholly unknown. The same thing happened at Rouen, in 1806, at Stuttgart, in 1811, and at a village of St. Pierre Montjean, in the year 1813. One of the most marked suicidal epidemics was that which prevailed at Versailles, in the year 1793: in one year the number of suicides was thirteen hundred—a number entirely out of proportion to the population.

A suicidal epidemic prevailed at the New York State Lunatic Asylum, in July, 1851, and is alluded to by Dr. Benedict in his report for that year. Out of four hundred and sixteen patients, at that time in the institution, the suicidal propensity existed in sixty-six. The first successful attempt was made on the 12th of July, by a female of the most intelligent class. Her melancholy end became known to her companions, with whom she was a favorite, and on the following day two others in the same hall were overheard devising a plan for their own death. The large number of forty-four patients were admitted during the month of

July, nineteen of whom were suicidal. Two patients, who had long been in the house, and never manifested suicidal propensities, attempted it during this month, *though they had no knowledge of what had occurred in another part of the building*. A female attendant took, on the same day the above attempt was made, an ounce of laudanum, "because she liked it." On the 17th a patient, believed to be entirely ignorant of what had happened previously, attempted strangulation, and continued to repeat the attempt, until restrained by mechanical means. On the 20th a patient tried to open a vein in the neck, and on the 22nd another, who knew of the suicide, and was, no doubt, influenced by it, attempted her destruction. From the 14th to the end of the month fourteen attempts were made by eight different persons, and twelve others, in whom the propensity was strong, required careful and constant observation. The epidemic prevailed from the 12th to the end of July, after which time it gradually subsided, and left the minds of most of the patients. No suicidal attempt was made in the month of August in any part of the house.*

The young women of Marseilles were at one period seized with a propensity to commit suicide. A law was passed to the effect that the body of every female who committed self-murder should be publicly exposed after death. The beneficial effect was apparent immediately. No more suicides occurred: the sense of outraged modesty and shame overcame at once this morbid propensity to self-destruction.

That the *primary* cause of many of these moral epidemics was some physical disturbance, or derangement of bodily function, there can be little doubt.

"The origin of self-destruction," says Dr. Winslow,† "is more frequently dependent upon derangement of the *primæ viæ* than is generally imagined."

The great influence of indigestion in causing mental disquietude has been noticed in a previous article, and it must have been felt by most persons at one time or another. Voltaire's advice, never to ask a favor of a person in power whose bowels were constipated, is well known. Lord Byron says, in one of his letters, that nothing rendered his intellect so clear and vigorous as a dose of Epsom salts. Robespierre, the bloodthirsty tyrant of the French Revolution, was said to have had some derangement of the liver, and was habitually constipated. After death his bowels were found one adherent mass. It would be interest-

* See Report of Dr. Benedict to the Managers of the New York State Lunatic Asylum, for 1851.

† "Anatomy of Suicide," p. 195.

ing to investigate the physical causes which operated in determining the character of this bloodthirsty, diabolical monster.

Coleridge, in his "*Biographia Literaria*," attributes much of the irritability of literary men to derangement of the healthy state of the physical frame. The late Dr. Brigham furnished an illustration of this state of things in his own person, and in his writings he also alludes to it. Naturally one of the kindest and most benevolent of men, he also possessed much nervous irritability. He was, to use a common phrase, "quick tempered." This, to those who did not understand him, was sometimes very disagreeable, and called forth much forbearance on the part of his friends, and self-control on the part of himself. Much of this was attributable to his state of health, and the nervous irritability incident to excessive physical and mental labor, and its influence on a delicate organization.

The poet Pope had disease of the stomach and liver, producing hypochondriasis; and much of his malignity, petulance and personality was dependent, no doubt, upon this. Yet Bolingbroke observed to his friends that he "had known him for thirty years, and that he was the kindest hearted man in the world." The following account of the poet is given by Dr. Johnson: "Pope's constitution," says he, "which was originally feeble, became so debilitated that he stood in perpetual need of female attendance; and so great was his sensibility to cold, that he wore a fur doublet under a shirt of very coarse, warm linen. When he arose he invested himself in a bodice, made of stiff canvas, being scarcely able to hold himself erect till it was laced, and he then put on a flannel waistcoat. His legs were so slender that he enlarged their bulk with three pairs of stockings, which were drawn on and off by the maid, for he was not able to dress or undress himself, and he neither went to bed nor rose without help." "His frequent attacks of indigestion made him, at times, a perfect picture of wretchedness and misery. It clothed everything with a gloomy aspect, made him quarrel with his friends and domestics, and he has been known to say that he sighed for death as a reprieve from bodily and mental agony. Sir Samuel Garth was frequently consulted when he had these attacks; and it was only by exacting strict attention to diet, and exhibiting medicines, that he was enabled to restore the mind of the poet to a healthy tone." This physical ailment, as it often does when long continued, ultimately affected the cerebral functions. At times he had symptoms of pressure on the brain, or, at least, of an unequal and imperfect distribution of blood to that organ.*

* "*Anatomy of Suicide*," by Forbes Winslow, p. 198.

"There are crimes," says D'Israeli, "for which men are hanged, but of which they might easily have been cured by physical means." It is hard for the world to believe such doctrines, particularly if applied to those homicides who have committed great and revolting crimes, whether in a paroxysm of epileptic mania or laboring under the influence of a delusion which controlled, more or less, all the mental operations. Disease of the stomach frequently excites the suicidal disposition. Hepatic affections are almost always accompanied by depressions. Derangement of the uterine functions is also frequently the cause of great mental depression.

Some German writers lay great stress on the connection of insanity, particularly suicidal insanity, with derangement of the cutaneous secretions; but as we propose to recur to these sympathies again, in treating of the influence on the mental faculties of disease of individual organs, we merely glance at them at present.

ARTICLE III.

LEGAL RESPONSIBILITY OF EPILEPTICS.*

Notwithstanding the attention given to the jurisprudence of insanity in this country, but little has as yet been contributed towards forming a just appreciation of the legal disabilities consequent upon epilepsy. This seems remarkable, and difficult to account for, when we consider the large number of epileptics admitted into the various asylums for the insane, but more especially when we reflect that, apart from the manifest insanity sooner or later induced, the disease itself is of so grave a nature as from its inception to modify the whole character, social, moral and intellectual, involving thus early, not only the welfare of the individual, but also the peace and safety of the domestic circle, and of the community.

The work of Delasiauve on Epilepsy, from which we extract the following article, is one of the most valuable contributions recently given to psychological literature, and, in commending it to the attention

* *Traité de l'Épilepsie, Histoire, Traitement, Médecin Légale.* Par le Docteur Delasiauve, Médecin des aliénés de l'Hospice de Bicêtre. Paris, 1854.

A Treatise on Epilepsy, its History, Treatment and Jurisprudence. By Dr. Delasiauve, Physician to the Insane at "L'Hospice de Bicêtre," Paris, 1854.

of the profession in this country, we hope that it will induce further research, and the record of practical observations upon this disease, by American writers.—*Eds.*

Society, in seeking to protect itself against criminal and dangerous acts, does not desire to do injustice to those unfortunates who abandon themselves to evil, from a want of discernment, and who, when restored to reason, are the first to condemn themselves. No one would consider a man in whom insanity is apparent, and whose moral liberty is obviously destroyed, responsible for his acts; nevertheless, as epilepsy is subject to remissions, and the insanity it excites ordinarily transient, the determination of its legal relations is a matter of extreme delicacy.

Though investigated by many writers, this point is by no means settled, and the subject has not been treated in that didactic manner which would interest the student, or enable him to comprehend, at a single glance, the rules upon which to base his opinions. In addition, the uncertainty springing from this state of affairs has allowed it to vary with individual opinion; and, in tracing the line of demarcation between crime and insanity, has led science from analogous facts to contradictory conclusions, and justice from similar cases to opposite decisions.

This diversity of interpretation explains the fact, that many of our profession, especially those having the sanitary care of prisons, have met, in those establishments, convicts whose crimes seemed to have sprung entirely from mental disturbance, in many cases dependent upon epilepsy—"unfortunates placed," to borrow an expression of M. Lelut, "in physiological conditions where freedom of the will is more or less compromised." M. Vingtrinier, in his recent pamphlet, and M. Ferrus, in the course of his general investigations, have cited several cases. It would be wrong, nevertheless, to conclude that the epileptic, in the commission of reprehensible deeds, acts necessarily without moral liberty, and can claim, in consequence, entire immunity; because he is a man, and as such, with man's weaknesses and impulses, may yield, as others do, to selfish interests and criminal premeditation.

As a general thing, we must not accord to him the possession of an absolute irresponsibility. Cases frequently offer themselves for special consideration which are surrounded by so much that is vague and obscure, that it is difficult to decide whether the criminal has yielded to a fatal impulse or the suggestions of an independent conscience. It should be borne in mind that, even when reason is seemingly preserved, the attacks of the disease develop irresistible tendencies. Error frequently becomes unavoidable, if one does not weigh with care the

circumstances considered as motives to the commission of the act, endeavor to reconcile previous disposition with the impulses which provoked its execution, and look to suggestive revelations to throw light upon the formation of his judgment.

The rare or frequent recurrence of the attacks, the condition of the prisoner during the intervals, and the slowness or rapidity with which he recovers his equilibrium, are so many important particulars to be considered. Again, one must not depend exclusively upon the apparent integrity of the faculties; the replies may be more or less correct, though the moral equanimity be incomplete, or may not have existed at all previous to the perpetration of the act. This situation presents difficulties which only a physician, devoted to the specialty, by his intimate relation with the insane, and constant observation, can comprehend and solve. Even those attending patients and living constantly with them, but unacquainted, by their position, with the scientific views, have, in many cases, extreme difficulty to avoid repressing, with great severity, and as if springing from evil premeditation, the threats and violence to which, under a morbid impulse, epileptics abandon themselves.

These unfortunates, who at one time appear gloomy, inclined to steal, susceptible, in a word, to the most perverse inclinations, are at other times timid, tractable, dependent—veritable children, who, in the consciousness of an inferiority rather tending to depress than exaggerate the natural tendencies of the character, feel the need of a support, and come, in their premonitions, to claim protection against the strong impulses which subjugate them.

Marc has seen, in one of our private hospitals, an epileptic who, after having returned there several times, at length felt, himself, the necessity of remaining indefinitely. His attacks were preceded, or followed, for two or three days, by furious agitation, in the midst of which he failed in several attempts to kill his wife and domestics. It was the same in a case previously cited.

The perception which the patient himself has of the nervous agitation which represents his normal disposition, his true situation, testifies by apposition to the reality of the contrary condition, and to his morbid over-excitement. Both conditions are diversified, however, by special outward manifestations: in one is observed a species of unnatural exaltation, elevation of the voice, animation of appearance, flushing of the face; in the other the opposite physical signs.

However, upon such a subject, examples are more instructive than reasoning. They abound in the judiciary annals. We have ourselves collected a great number, containing valuable instruction, in which fatal

results have had their origin in convulsive perturbations, which might have passed unperceived. Let us first recall the curious fact connected with the case of H., who was once confined in the Bicêtre, suffering under an attack of mental alienation, and was subsequently returned for the same cause, after killing his wife. His counsel based his argument for acquittal of the murderer upon his occasional aberrations of mind—a plea which prevailed with the court. Epilepsy had not been suspected. It was only in the asylum—where, save a few transient agitations, he exhibited, even to his death, occurring a long time afterwards, perfect lucidity—that, by certain circumstances, joined to the statement of one of his parents, revealing previous nervous disease, we were led to trace his momentary wanderings, and, in part, his criminal acts to night attacks of epilepsy.

Convinced that the criminal deed resulted from mental disturbance, justice acted prudently in substituting administrative sequestration for capital condemnation. The existence of the attacks, if known, would have more completely reassured the magistrates of the equity of their decision. One circumstance was of a nature to give rise to objections: the murder having been committed under a feeling of jealousy, apparently the motive, it would be natural to argue that, independent of morbid excitement, the deed might have been the effect of natural impulse, and therefore liable to imputation. But this consideration, notwithstanding its force, is far from having a decisive value. The instinctive perversions consecutive to the attacks do not take, necessarily, as we have seen, from the violent acts of epileptics, the imprint of voluntary determination. These patients often, in the midst of their wanderings, yield to an appreciable motive, having to them the semblance of reality: but it should be asked if this motive originated in health; and if, above all, it had been sufficiently predominant to subjugate reason. Thus, the motives and premeditation which seem, in such cases, to have governed the criminal act, do not suffice to establish peremptorily the integrity of the freedom of the will, and, in consequence, the existence of culpability.

The case of a young man in this hospital, aged twenty-eight, will serve to confirm this statement: well brought up, educated, and belonging to a respectable family, he found himself condemned to two years' imprisonment for having stolen, at the instigation of his mistress, a piece of goods from the merchant who employed him. Upon the accession of an epileptic attack in prison, he was transferred to the Bicêtre. We there learned that he had been subject to epilepsy for five or six years; and it at once became evident that the crime which had led to his imprisonment had proceeded from mental disturbance. This indi-

vidual had really two natures, or, rather, his life presented two distinct phases—the one embracing a period of the week preceding or following his attacks, during which he was capable of every conceivable misdeed; the delirium at one time appearing under the form of incoherent or furious mania, at another limited to the exhibition of an exaltation compatible with a more or less regular arrangement of ideas. Again he appears irritable and imperious, violent, gloomy, inclined to assault and drunkenness. It is then especially that, although in possession of sufficient penetration to accomplish intentionally a culpable act, he has not enough discernment to consider its morality, nor self-control to abstain from it. In the other phase, in a manner normal, his character manifests itself under an entirely different aspect, implying the capacities of a man in possession of good sense, and free from all extravagance.

With some sensible modifications, the moral transformation coincides with the physical—that is, to the ordinary serenity of the features succeeds ferocious contraction or gloominess of look, distortion of the face, and a degree of feverish excitement.

M. Lelut cites and comments in the same way upon a case analogous to the preceding. Having discovered that a prisoner of Roguette, condemned for aggravated theft, had been subject to violent epileptic attacks, followed by maniacal agitation, previous to the commission of the crime, he did not hesitate to attribute the cause to them. "Such facts," says he, "are frequent; and if the mania, in this case, because of its rapidity, cannot be considered as persistent madness, one is legally authorized to examine if so serious and overwhelming an affection leaves, in the interval of attacks, sufficient penetration for the discerning accomplishment of acts, and for responsibility."

On this occasion M. Lelut, by a digression which one may follow with interest, has proposed a series of measures designed to deprecate the judicial errors arising from the uncertainty which envelops the subject. He suggests that, in the preventive prisons and houses of arrest, the physician and director should be informed of the least mental anomalies exhibited by the culprits, to the end, that with a knowledge of these facts, the magistracy may prevent by law oppressive injustice. Nothing more liberal, or more humane!

Unfortunately, M. Lelut does not stop there, and detaches himself, it seems to us, too easily from principles, in consenting, according to his expression, that one should determine, by means more or less arbitrary, the circle whereby reason is circumscribed, and that we should narrow it at pleasure, "provided that one opens to those who exceed its limits the doors of a charitable institution instead of the gates of a

prison." "Before the individual," adds he, according to Aristotle, "the family; before the family, the city; before the city, the state."

We know not how to assent to such a doctrine—a doctrine full of dangers, the hidden source of all public evils. Far from being sacrificed, individual interest ought to remain preponderant. If we examine the true nature of social relation, we are easily convinced that this interest is the paramount element of those to which M. Lelut would make it subordinate, and their most powerful protection; the family, the city, the state, are in reality but collections of *individuals*. Equity always, and for all—such is the doctrine alone acceptable, without which there is neither guaranty, nor foundation, nor even existence for humanity. Finally, we can say with reason that the disregard of every enactment is better than the destruction of one moral law.

Entirely setting aside, however, conventional limitations, it is not, perhaps, impossible to fix scientifically a line of demarcation between responsibility and irresponsibility. This rational limit, and which, according to us, does not admit of compromise, would be where the normal state changes and the malady commences. Free will, as we have expressed it elsewhere, seems to have been given to man to act as a counterpoise to his organic impulses. However violent these inclinations may be in physiological construction, it is reasonable to admit that Providence has rendered this internal force sufficient to resist them. But in morbid conditions the situation changes. Without doubt, then, the impulses are not constantly and necessarily irresistible; but it would be unjust to attach a judicial responsibility to acts, while we are powerless to decide the point where pathological influence may have affected volition, abolished reflection, and paralyzed the will.

However this may be, M. Lelut, pursuing the solution of the problem, thinks that epilepsy without alienation, especially if the criminal act is committed some time after an attack, does not exclude imputability. This rule, to which we have ourselves formerly called attention, requires in practice extreme watchfulness. A sort of tacit jurisprudence has admitted the irresponsibility of the patient during an interval of two or three days before or after an epileptic convulsion. The most cursory examination of the history and character of the affection proves the insanity of this idea—certain epileptics, so to speak, retaining no impression from their attacks; while in others the mental disturbance is persistent, or manifests itself only at a period sensibly removed from the nervous convulsion.

There exists, moreover, in the generality of individuals, though not insane in appearance, and subjected to rare attacks, an uncertainty and a moral depression, of which it is important, we repeat it, to seek

the slightest indications. Finally, we must guard against simulated attacks.

Marc has justly placed among the conditions of legal immunity the intensity of the paroxysms. It is to be remembered, notwithstanding, that light attacks are often attended with equally disastrous consequences. M. Renaudin has offered, upon this subject, some new considerations. It seems to him that the epileptic shock, constituting the issue of an internal spasm, proves abortive under one form, only to show itself in another—that is to say, in this case, by alienation; as if mental disorder substituted itself for the convulsion which could not be developed. He also commends this circumstance to the especial attention of physicians and magistrates.

The frequency of the paroxysms and the origin of the disease will increase the presumptions of impairment of moral power. Indeed M. Lelut has borrowed a case from Esquirol, where, notwithstanding the conjunction of these two circumstances, reason was still preserved perfectly intact.

One class of these mental disorders leads especially to fatal catastrophes. These are those hallucinatory forms, where, under the dominion of intense fear, the epileptic believes he is called upon to defend himself, and to guard against the attacks of dangerous enemies. In the criminal process instituted in such a case, and especially in the observations cited by Marc, we can trace ordinarily, as a motive, this sensorial error. A butcher boy, accused of the murder of one of his companions, imagined, according to the statement of Dr. Fischer, that it was designed to shoot him, and to accomplish the act with a gun. A young lithographer, employed in a house at Toulon, had been incited to the two-fold attempt at homicide and suicide by a similar motive. A letter left on his table, in which he revealed the design of three other assassinations, makes it obvious that this unhappy being, blinded by sinister visions, had no other motive than to avoid odious persecutions. A third prisoner, whose history Chambeyron has traced, seems to have obeyed the same promptings of secret hallucinations, and, some moments before the commission of the act, said to one of his neighbors that he had learned that the child whom he afterwards killed, had fallen a victim to the whooping-cough. Several attacks coming on in prison were accompanied with excitement. Another heard accusing voices, and complained of being trodden under foot.

Independently of a full appreciation of the disease in itself, and its mental consequences, the expert cannot examine too carefully the circumstances which attend the crime, the form under which it is accomplished, the motives which may have governed the epileptic, his sub-

sequent conduct, his own plan of defence, &c. We notice, in almost all the cases reported in the public papers and judiciary debates, singularities of expression, and strange details, which make us doubt, from the first, if they emanated from a sane intelligence.

With regard to the execution of the deed, ordinary criminals use all due precautions against discovery. It may be the same with some individuals who have acted under the impulse of an epileptic attack. More frequently, however, regardless of the effects and the morality of their actions, they make but feeble efforts at concealment. There are those who abandon themselves openly to their fury, multiplying their victims without hesitation, gloating over their bodies, and, far from being intimidated by the presence of witnesses, seem often to find in them a new cause for excitement.

This disregard of every feeling of self-preservation, this contempt of danger, are, when found united, the best proofs of the absence of moral liberty. "All epilepsy," says Marc, "warrants, upon the event of a criminal act, the suspicion of mental disorder;" and he adds, "this suspicion is increased in absence of any strong personal motive." With this view other authors, and in the number Orfila, with more apparent sagacity, perhaps, than actual observation, considered, on the other hand, as an evidence of culpability the intentional secrecy by which the acts were characterized.

However, some reflections suggested by the case of the patient H——, to whom a feeling of jealousy could not have been foreign, make it obvious that it is necessary to modify this doctrine; since, in developing a peculiar irritability, ungovernable and fatal propensities, the morbid influence does not absolutely prevent the association and arrangement of ideas. Such an individual, who, in his intervals of reason and calm, would be able to control his impulses, runs the chance of yielding to them during intellectual excitement; as a man who would accomplish, under the influence of intoxication, a deed from which in cooler blood he might have recoiled. Epilepsy, judiciously remarks M. Boileau de Castelnau, destroys the power of justly estimating these prejudices, of duly appreciating their foundation, or resisting the extravagances to which they tend.

This epileptic susceptibility does not serve as a medium only for evil propensities: it can of itself call them directly into play, excite and foster the idea of misdeed, and lead to its fatal realization.

A meningeal congestion, the result of numerous paroxysms, has recently carried off one of our most interesting patients. With a quick intelligence, a mild and benevolent disposition, none was more ready than he to recognize the least mark of solicitude of which he

might be the object; but in the way of retaliation he was utterly ungovernable towards those who opposed his wishes. Nothing could induce him to renounce such prejudices; and even with a disposition less yielding, the burning threats to which he abandoned himself could have been easily carried into culpable execution.

Scenes of vindictiveness and brutality, otherwise inexplicable, arise from this cause in our asylums. We had, during the past year, in our department, a poor Italian, the victim of the blind malevolence of some of his companions in misfortune, who combined to entrap him and overcome him with blows. None of the accomplices betrayed the plot. Such wanton cruelty could evidently be attributed only to morbid perversion, and a lethargic condition of moral liberty.

The situation and conduct of epileptics after the perpetration of a crime has been justly insisted upon as a matter of importance. They generally exhibit evident indications of moral agitation. A dull expression, and a sinister lighting up of the countenance, reveal in them a vague and gloomy inquietude. The *co-ordination* of ideas is usually slow and difficult. They confess, moreover, the crime with the less reserve, as they see in it only the effect of a justifiable defence, or of an involuntary impulse, and feel grief rather than remorse, regret rather than fear. If ignorant of the fatal consequences of their madness, they receive intelligence of it with strange impassability, and, indifferent to the perils which threaten either their existence or their liberty, they neglect either to destroy the traces of their guilt, or to elude pursuit. When they fly, it is less to escape justice than the imaginary dangers with which their persistent hallucinations surround them; and, finally, they make no resistance to the confinement to which they are subjected.

Nevertheless, here, as in all opinions relative to epileptics, we must admit certain exceptions. Of those who, among others, appear to have been governed by a voluntary tendency, many appreciating the extent of the crime, not considering the influence exercised by the disease, and believing in an evil intention and in the existence of moral liberty, feel themselves under a serious responsibility. In this situation, and as epilepsy tends to exaggerate the instinct of cunning and of self-preservation, they have recourse, generally, to the artifices and subterfuges usually practiced by ordinary criminals. Should the crime be evident, they appeal to their malady as an excuse. In the other case, they endeavor to obscure the truth, contradict the testimony, establish an *alibi*, and willingly conform to the plea of their counsel.

These circumstances do not necessarily imply to the criminal action an origin absolutely independent of a morbid impulse. It does not follow that, from the apparent consciousness which the criminal may

have of his fault, and the manner in which he may repel the charges of the accusation, the magistrates should infer the freedom of will, and responsibility in the commission of the act.

There are, at times, certain accessory considerations, in reference to epilepsy, which may arise during the progress of a judicial trial. Dr. Jahn has very wisely observed, that certain sensorial impressions are of a nature, owing to the bias which they imparted to the mind, to suggest pernicious fancies. For example, the sight of bloodshed is sufficient to create in a patient, either the apprehension of criminal designs upon himself, or the imagined necessity of killing others. A young man, under the influence of his epileptic fears, saw a hatchet in an unaccustomed place, and supposed it designed for his destruction; thus showing that this instrument, to which is attached a sinister impression, had been capable of awakening a series of analogous conceptions. Who is ignorant of the strange effects of the imagination—the singularities of the imitative faculty? Who has not seen that the simple reading of a notorious criminal affair—the recital of a murder, of an incendiarism, or of a suicide—lead, in predisposed organizations, to the perpetration of the identical deed?

Certain atmospherical conditions have also an influence. We know, especially, that intense heat, in creating a flow of blood to the brain, often produces mental disturbance. Admissions to our insane hospitals are never more frequent than during the dog-days. It would, therefore, be advisable to take into consideration such an influence, if, by its coincidence with the period of the crime, it would seem to have acted upon the moral disposition of the accused.

There would be, above all, strong reasons for believing in the absence of moral liberty, if it were proven that the epileptic had lately abandoned himself to the use of alcoholic drinks; nothing, we repeat with M. Renaudin, being more capable, not only of aggravating the attacks, but, still more, of giving rise to sinister hallucinations.

We have now examined the principal elements of epileptic responsibility which are calculated to enlighten the judgment of magistrates. The necessity of more extended information on this subject becomes more pressing when we reflect that instances are not wanting where justice has visited with unmerited punishment those who have unhappily yielded only to a pathological instigation. In some cases the proofs are sufficiently evident to admit of an easy demonstration; in others, on the contrary, the known quantities of the problem are much more uncertain. It is here that wisdom in the judge should be united with a lively solicitude. Therefore, with the purpose of promoting the success of his examinations, upon a subject comparatively new, and

which has excited but little attention, we think we are responding to an absolute necessity when we support the preceding rules by a brief exposition of several judicial causes, capable of serving as a guide in cases under analogous circumstances.

I. *Murder committed by an Epileptic, at the termination of a series of attacks.—Acquittal of the Prisoner.—Placed under surveillance in a Work-house. (Maison de travail.)*

On the 30th of August, 1808, the justice of Hildburghausen was informed that a butcher boy had, before his own door, with a poignard, stabbed one of his companions. The murderer was not arrested until the following day, but in the meanwhile it had been ascertained, at the inquest, that on the day when the crime was committed he was evidently not in possession of his reason. His father also made a written statement to that effect, which was confirmed by the physician.

L. K. was twenty-one years of age, and of a robust constitution. There had been no cases of insanity or epilepsy in his family. Until his seventeenth year, when he made the tour of France, his health, with the exception of an habitual cough, had been good, and his conduct irreproachable. Eighteen months previous to this time, however, he had experienced, at Altona, two mild attacks of epilepsy.

Having returned home at the commencement of the month of June, he had, on the 27th, just before dinner, a well marked attack, without any premonitory or accompanying symptoms. While working in the fields, on the 23d of August, the weather being oppressively hot, the disease broke out anew, and manifested itself up to the 29th in daily attacks.

Marked changes then became apparent in his *morale*. He was moody, his replies brief, and the approach of night awakened apprehensions which led him to lock himself in his room. On the 30th his anxiety increased; he feared expulsion from his father's roof, and shed many tears. In the afternoon he was deeply affected by the sight of a hatchet, imagined that it was designed to deprive him of life, and fled, but was taken, though not without resistance. In the midst of his struggles he cried out, "If I return I am lost!" However, this temporary excitement subsided; he ate, smoked his pipe, and went to a tavern to aid in slaughtering an ox. But on his return his fears were renewed, and some friends took him home; there he possessed himself secretly of a knife; then coming out with it, created great alarm by brandishing his weapon, wounded one mortally, and escaped.

During the night he wandered in the forest, and, on the 31st, having taken refuge at his uncle's, two leagues distant, he related that some one had designed to shoot him, and finish the deed with a hatchet. The knife was still in his possession; he gave it up, and thought he remembered giving two blows to the person with whom he struggled.

His recital, in which were united the fanciful and the real, lacked neither connection nor exactness. He heard, moreover, with total indifference the account of the fatal issue of his violence, and betrayed no more emotion when, a moment after, some one endeavored to undeceive him. In the prison, where he allowed himself to be taken without resistance, and where he manifested at intervals some returns of apprehension and agitation, he persisted in his statement with the same sincerity. Fifteen days after, learning, in reply to his reiterated demands for liberation, the true reason of his imprisonment, an apparent stupor alone betrayed the effect which this intelligence produced; but his pulse, regular until then, exhibited a slight intermittence, which continued for three months.

It is easy to see, from this combination of circumstances, that the crime in this case was the result of disease. It was committed during the dog-days; L. K. had experienced a repeated series of attacks; his delirium, manifest before that event, presented that hallucinatory character so fruitful in fatal reactions; no passion excited him against his victim; the criminal deed contrasted with the mildness of his manners and the morality of his habits; he had, lastly, so little consciousness of its magnitude that he did not seek to escape its legal consequences, and, while the confusion of his ideas lasted, gave its details, or listened to them, with entire indifference.

These conclusions have been, for the most part, very ably set forth by Dr. Fischer, in the report which he was deputed to prepare on this occasion. In addition there are several important points which merit attention.

Dr. Fischer, taking into consideration the age of the patient, and the sudden explosion of the paroxysms, drew the conclusion, that a nervous action so intense would constitute a crisis indicative of favorable change,—that probably the disease, thus viewed, would reproduce itself no longer,—and that, in consequence, it would be better, instead of placing the accused in an *établissement de force*, or in an asylum for the insane, to put him in a work-house, where he would be carefully watched.

These predictions were confirmed by the facts. After seven years, L. K., freed from all epileptic disease, still retained the integrity of his

faculties. However, if such a result does honor to the sagacity of the physician, it would be imprudent, we think, to allow such examples, in reality very rare, to serve as precedents—thereby dispossessing judicial proceedings of a sufficient security. The fatality inherent to epilepsy is too absolute, in any case, to abandon those unhappy persons subject to this disease, after the committal of a murder, to the suggestions of their own will.

Certain rules are proposed for experts in the examination of these patients. In the opinion of Dr. Fischer they are thus, so to speak, summed up: he insists, among others, upon the necessity, in doubtful cases, of submitting the prisoner to the strictest surveillance,—repeated examinations,—of not subjecting him to questions oftener than his mental state permits,—to treat him with kindness,—to have recourse to coercive measures only with extreme caution,—to remove from him all causes of excitement liable to induce madness, and to conceal in this way the true situation.

II. *Murder of a Child eleven years old, induced by Epilepsy.—Death of the Murderer, in a paroxysm, before the opening of the Court.*

Joachim Hæve, for a long time an epileptic, atrociously murdered, July 19th, 1826, a girl named Lange, aged eleven years. She was gathering wood in the court-yard with the murderer's nephew, when he descended in his shirt, turned back to strike his nephew, who offered him something to eat, but not succeeding, pursued the other child, who had fled from fear. The presence and the cries of the mistress of the establishment, far from serving to intimidate him, seemed only to increase his fury, and to excite him, under a ferocious impulse, to repeat useless mutilations of the body.

This individual, naturally mild and peaceable, had always manifested an affection for children. Ties of kindred and of friendship united him to the family of Lange, against whom, besides, he had no subject of animosity. Series of attacks, intensely severe, succeeded each other. It was proven that, on the 16th and 17th, two days before the catastrophe he had had several; on the 18th he exhibited a strong repugnance to food; on the morning of the 19th a witness saw him in bed, in profound stupor, and breathing stertorously, which led to the belief that he had just passed through a paroxysm.

Hæve had but a vague remembrance of the scene which had transpired. He could recall only the feeling of disgust which he experienced, the night before, for nourishment,—of some soiled linen which he had carried to his sister-in-law,—and of resting in the

evening, before his door, half dressed; and, according to his own statement, this species of dulness always followed his convulsive attacks. He recovered his moral equilibrium slowly; and even when lucidity seemed restored, the least attempt to rise, or to dress himself, brought on exhaustion, cephalalgia, and loss of perception.

In analyzing the several elements of this act, one is naturally disposed to adopt the conclusions of Dr. Jahn, of Gustrow, in his full and able report. The frequency of the convulsions, the state of stupor which accompanied them, the pseudo-perceptions darting across his intellectual darkness, the absence of all motive, and of choice in the victim, the commission of the deed in open day, soon after a crisis, and its ferocity, all demonstrate that at the fatal moment he did not enjoy the free exercise of his faculties.

One circumstance, apparently trivial, is worthy of note. It is not impossible that asking the murderer "if he would eat" was the exciting cause of his fury. The violence of epileptics is such, under the dominion of morbid irritability, that often nothing more even than this is wanting to lead them to the commission of dreadful cruelties. One of our patients having asked his companion to make room for him upon a bench, the latter became furious, threw himself impetuously upon him, and struck him with extreme brutality. Another, when asked to lend his pipe to light a cigar, abandoned himself to the same excess.

In the case of Hæve, the heat of the weather increased the mental disturbance, and in confirmation of the correctness of Dr. Jahn's opinion, even before the opening of the court, the accused died in a paroxysm in prison.

III. *Triple Murder committed by an Epileptic.—Acquittal and Sequestration.*

Jacques M——, of Charroux, whose character had been modified by epileptic attacks, became angered by his mother's reproaches on the occasion of a heavy marketing, and, rushing into the fields, killed three persons in succession. It was only after the discharge of a gun at him that he was arrested. His mind was confused and disturbed, but, when calm succeeded, he recollected the commission of the murders and attributing them entirely to mental alienation, protested against any punishment.

By a decree of the chamber, dated May 27th, 1826, the complaint was dismissed, all proceedings were arrested, and he was ordered to sequestration in an asylum.

Georget, to whom we are indebted for this case, mentions several others equally interesting.

IV.—V. In July, 1804, a soldier, accused of murder, was acquitted by a court-martial, as having acted under the influence of epileptic mania. The court of assizes at Leon also acquitted Josephine D——, subject, in consequence of repeated epileptic attacks, to habitual dullness, who had taken a young girl of six years into a lonely place, strangled her, and afterwards stolen her ear-rings. This unfortunate person herself detailed the circumstances of her crime.

Another case is reported by Orfila, from the *Gazette des Tribunaux*. (1836.)

VI. An epileptic, after abandoning himself to great violence in a church, went out into the fields and killed three persons. On coming to himself, he exhibited the greatest sorrow. In his frenzy he imagined he saw flames. His sequestration was very judiciously ordered.

Georget not only commends these verdicts of acquittal, but would, also, that for acts committed in the intervals of calm the epileptic should be punished less severely than ordinary criminals.

This opinion has been again referred to by M. Bottex, in reference to two patients—one of a naturally mild temper, who put to death, in a paroxysm of fury, a woman who made certain representations to him, and another, constantly dull and stupid, who was offended by the coquettish dress of a young girl of fifteen, and stretched her dead at his feet with a blow of a *goyarde*. The latter, freed without trial, was placed in an asylum as a measure of public security.

After according his assent to this decision, M. Bottex adds, referring to those cases where lucidity seems to be restored: "Although coming under the common law, epileptics should be subjected to a less severe punishment, especially when they have not yielded to appreciable motives."

But M. Boileau de Castelnau is justly opposed to this compromise. If, as Georget thinks, the moral condition is evidently changed, says he, responsibility cannot be admitted.

VII. *Alleged Murder of a very young Child.—Existence of Epilepsy questioned.—Discharge of the Prisoner.*

D. B., aged twenty-seven, worked as a journeyman at Pleurtuit, in the district of Saint Malo. His habits were regular and industrious. Early in 1837, although already the father of four children, he took to his own house to rear a little son of his sister-in-law, L——. These children were all taken sick at the same time with whooping-cough.

On Sunday, July 16, 1837, a woman, passing near his house on her way from mass, heard the cries of a child apparently receiving blows. On the Friday following L—— exhibited to several of her neighbors excoriated bruises over the whole chest and abdomen of the child. Sunday morning, 23d, D. B. was alone at home, and standing beside his door, remarked to a witness that "his children were nearly dead with the whooping-cough." He then went to another house and asked for "a cup of cider for poor little L., who is very bad." There, two persons, observing his emotions, went home with him, examined the child, and found that it was dead, of which D., who tried to force him to swallow the cider, did not appear to be convinced.

At the time of putting on the grave-clothes, two women, to whom this charge had been consigned, brought for the corpse a shirt and cap, of inferior quality to those the child had been accustomed to wear. D. remarked, "It is of but little importance whether one is put on or the other." He himself placed the corpse in the winding-sheet, the ends of which he hastily raised. This precipitation, joined to the reports of his bad treatment, awakened the suspicions of the women present; they uncovered the body, and there found the marks of several wounds. D. readily explained them by saying that, having gone out to gather a few cherries, he had, on his return, found the child extended stiff upon the ground, and that the wounds were undoubtedly the result of that fall.

Nevertheless, the rumors which had circulated caused an inquest to be held, during the session of which D. kept profoundly silent. It was established that the shirt taken from the child immediately after his decease bore no marks of wounds,—that the bed from which he was said to have fallen was only thirty-three *centimetres* higher than the bench used in getting into it,—that the bench itself was so fastened to the couch that it could not be overturned,—and that the couch was eighty-four *centimetres* high,—and also that the ground about it was smooth and beaten, and not a single stone within a circumference of three feet.

D., imprisoned at Saint Malo, was seized with violent nervous shocks. He was removed to the hospital of Saint Servan, whence he made his escape; again retaken, he was ordered to Rennes, and brought before the justice; but the accession of epileptic convulsions decided the postponement of the investigation, and the accused was placed in an asylum for the insane.

Having been submitted to the observation of Dr. Chambeyron, the latter testified in his judiciary deposition, that he, from Nov. 28th to Dec. 5th., had had fourteen convulsions during the day, and that during the night he was probably not exempt from them,—that in the intervals of calm he appeared gloomy and restless,—and that he had frequent

attacks of maniacal excitement, rendering the use of the camisole necessary. He would walk up and down very rapidly, declaiming unintelligibly in his defence; and complained that people came into his room to draw confessions from him, and that, despairing of obtaining any, would trample him under their feet.

The people at Pleurtuit did not know that D. was an epileptic, as he had lived there but one year, and nothing about him had indicated mental alienation. He exhibited in his defence great readiness; and, in explanation of the groans heard July 16th, acknowledged that he had given his nephew two blows upon the breech, to oblige him to take some goat's milk, prescribed by a physician. As little L. slept with him, doubtless in his convulsive tossings during some night attacks, he had made the wound shown to the neighbors by the mother. A second attack on the following Sunday morning, had resulted in throwing the child out upon the ground, where, on his return, he had found him lying motionless. He had concealed his disease on account of the prejudice an acknowledgment of it would create against him; but that, in view of the accusation made against him, he would tell the truth, since his infirmity had become known. Also, loving his nephew dearly, he was wretched on account of the misfortune of which he had been the innocent cause.

This affair was surrounded by uncertainties. In the first place, how was death produced? Admitting that it was caused by the wounds—did they result from intentional or accidental violence? Did not D., of whose attacks all were ignorant, feign those he had in the prison and in the court-room? Would the desire alone of relieving his sister-in-law of a child which was a shame and a burden to her, as the prosecution charged, be a sufficiently powerful motive to urge him to murder? Under any supposition, it was difficult to account for the wounds. The situation of the bed and the nature of the ground forbade attributing it to the fall. Sleeping in the same bed with the child, could it be that he had inflicted them in his struggles? How reconcile it with his finding himself dressed and away from his house? Would he not, rather, wandering about in the restlessness which accompanies an attack, have committed his violence purely automatically?

Dr. Chambeyron, who had carefully observed, entertained no doubt of the epileptic character of the attacks which seized him in prison. Besides all this, according to a certificate from the mayor of his birth-place, he had been subject to epilepsy since his twelfth year. It would not, therefore, be impossible that he might have had a return of the disease on the days he committed the acts.

This slowness in acknowledging the disease—this deception, as

it were—is not surprising. We have seen many epileptics, with a feeling of shame, instinctively shrink from the confession of an infirmity so hopeless. Some are ignorant of the use they may make of it, or it does not occur to them to offer it in defence.

I have quite recently received information which, if correct, and received at the proper time, would certainly have changed the decision in a criminal trial still fresh in the minds of all. The notorious Boccarmé, eleven or twelve years before the commission of his crime, was for several months treated, in an asylum, for epilepsy complicated with mental disorder. This disease, in D's case, was too slightly noticed. Notwithstanding the proofs of capacity given by the accused, would it be presuming too much to think that his nervous attacks, more or less masked, arousing his evil tendencies, might have led him to commit the crime with which he is charged?

Whatever may have been the value of these remarks, the jury were not convinced either of the guilt or sanity of the accused, and rendered a verdict of acquittal, in consequence of which he was set at liberty. It would be interesting to know the future history of this unfortunate man, and the results of his unrestrained freedom.

In the preceding observations, justice, in considering the epileptic state, and the moral consequences it entails, bases its decision, favorable to the accused, upon the want of freedom of will at the time of the commission of the act. But beside these facts we can place others, the details of which, of the utmost interest to the physician devoted to this specialty, will not prevent the conviction of those unfortunates who, seemingly governed by some mental perversion, would not, perhaps, have had less right to the benefit of an acquittal. Georget reports a marked case bearing on this point.

VIII. Lecouffe, a young man, aged twenty-four years, accused of robbing and murdering an old woman, was brought before the court of assizes, Dec. 11th, 1853, condemned to death and executed. In the opinion of those who knew him, he had always been imbecile and an idiot. His mother, notoriously immoral, had entire control over him. He accused her of instigating him to the commission of the crime, and so great was her ascendancy over him, that he was not at all times able to sustain this charge in her presence. He had some matrimonial projects, and his mother, taking advantage of his imbecility, had bribed his acquiescence in the perpetration of the crime; and she had, besides, appropriated almost exclusively the proceeds of the theft, since, out of the sum of two hundred and fifty francs, she gave him only forty.

Lecouffe at first denied the charges, but finally made a full confession. This change appears to have been very singularly produced. The day after the murder the ghost of his father had appeared before him, commanding him to tell the truth; and he had heard the voice of God promise his pardon on this condition.

In prison the jailors were surprised at his mental weakness, and his incoherent and puerile language. They witnessed several returns of convulsive attacks, at the end of which, a prey to hallucinations, he uttered dismal cries. These paroxysms, occurring during the trial, did not prevent the prosecuting attorney from inferring the absence of insanity; and he could only perceive, in the false perceptions of the accused, the remorse of a guilty conscience.

In explaining these several particulars, Georget has skilfully shown the fallacy of the premises on which this verdict was rendered. To him, the early date of his disease, and the frequency of his attacks, his uniform stupidity, his abject submission to his mother's will, the strange phenomena observed in prison, and which were, probably, not unusual to him, were all so many proofs that the condemned did not possess complete freedom of will; and with insufficient moral perception, a nature weak and uneducated, he was fatally predisposed to serve as a ready instrument to any foreign suggestions, or his own bad passions. I admit that Marc, finding that this patient had obeyed an obvious selfish interest, dissented from the conclusions of Georget; but we have seen that the intention, which governed the act, does not necessarily imply the possession of an independent volition. Hence, the elements of the case, upon which Georget rests his view, are such as to attach us to his opinion.

M. Boileau de Castelnau has given the history of an imprisoned epileptic, who would have been the victim of a sentence equally to be regretted.

IX. Jean Paul J——, maddened by the teasing and insults of one of his fellow-prisoners, stabbed him several times with a knife, soon after a convulsion. Notwithstanding the clear testimony of M. Boileau de Castelnau and the eloquent pleading of M. Frederic Nicot, the Attorney General, the jury found him guilty—only reducing the degree of punishment, and inflicting upon him but six years of imprisonment.

We can scarcely be mistaken, in this case, in regard to the fact of the existence of mental alienation. The author says nothing of the crime which led to his first imprisonment, but was anxious to know whether it also was not ascribable to some epileptic influence: if it was so, it would add another to the number of those unjustly condemned.

A case reported by M. Moreau de Tours, from a judicial paper, may

be added to the above. An old sailor, subject to hallucinations after each series of attacks, had, in a sudden transport of epileptic fury, wounded with a knife a great number of persons. He, like the former, had already, after a previous arrest, suffered an imprisonment of three months, for assaults which were really but the effect of his disease. Dr. Dejaughère cites an analogous decision.

X. A man named Rægiers, epileptic from his seventh year, suffered from nocturnal attacks, followed by short paroxysms of fury. This irritability led him, one day, to commit some act upon one of his neighbors which made him a subject for correctional punishment. After his release he did not appear to retain any resentment towards the one who had been instrumental in his conviction, but, soon after, openly and in mid-day, seized him by the arm, inflicted a mortal wound, and went through the streets brandishing the bloody knife. In this case the intellectual disease seems incontestible; but were it less evident, the eccentric manner in which the assassination was committed would be sufficient to place its reality beyond a doubt.

XI. We read also, in the *Annales Médico-psychologiques*, that Lecomte d'Orchies was condemned to four years' imprisonment for setting fire to a rick of corn. This man, who suffered from three or four epileptic attacks daily, had no other motive for committing the act than the desire to be imprisoned, as he said, to escape from misery. Such a reason in itself denotes a serious moral change; and who, familiar with the history of epilepsy, can suppose the free power of the reflective faculties compatible with so many convulsions?

From what has been shown we may understand the proper course to be taken in legal proceedings in determining the existence of epilepsy. Far from being considered as insignificant, the slightest singularity in the act, the least nervous disturbance giving rise to the suspicion of epilepsy, requires the most careful attention. Dr. Mansfeld speaks of a soldier who had, without provocation, committed a most reprehensible act of insubordination. The merest chance, so to speak, explained his conduct, by revealing the existence of epilepsy; but for this circumstance he would have been condemned. He was acquitted, and at the same time, as a just precautionary measure, was ordered into sequestration.

Appropriate to these observations, M. Renaudin cites the case of another soldier, who had carried the colors for fourteen years, had renewed his engagement thrice, and was all that time able to conceal his disease. In admitting, on the part of this man, the perpetration of a criminal act, would there not be danger that, although having labored under a morbid impulse, he would have been held responsible?

ARTICLE IV.

INSANITY IN CANADA.*

In Canada, as in other countries, very little was known on the subject of insanity, and the extent of its prevalence, before the institution of asylums for the reception of its victims. The presence of one insane or idiotic person in each thousand of the thin population of a new country, in the wilds of America, was not likely to create any very strong conviction in the minds of the people generally, or to awaken much inquiry, on the subject of insanity, as an important national fact. Now, however, that the gleanings of the tangled field have begun to be gathered in and garnered, and our people have the opportunity of seeing, under one roof, several hundred lunatics, a great change in their estimate of the prevalence of insanity has taken place.

The almost universal declaration is, that the malady is rapidly increasing in Canada; and the settlers from Europe, whose experience, before their emigration, was quite as meagre as that of our most beclouded foresters, with almost one accord—English, Irish and Scotch—exclaim that this is a sad country for producing madness! It is questionable whether in any country there is a lower ratio of insanity than in Canada. This assertion, however, is to be understood as mainly applicable to Western Canada. The census of 1851 shows, in this division of the united provinces, 1069 lunatics and idiots, in a population of 952,004; or one in every 890. The general average for all Ireland, in the last census, was one in every 657; and it is more than probable that an equally exact enumeration would show the averages in England and Scotland to be fully as high, if not higher. In Eastern Canada there appears, by the census, to be a much larger proportion of insane persons than in Western Canada; and it is the opinion of those acquainted with the former province that there is a very large preponderance of idiocy in the aggregate returns. The total number of lunatics, so termed, (including both lunatics and idiots,) in Eastern Canada, in 1851, was 1733; total population, 890,261; showing one lunatic or idiot in every 513 of the population.

When it is considered that the French inhabitants of Eastern Canada, confined to a very limited region on the banks of the St. Lawrence,

* Canadian census, 1855.

and descended from a limited number of unmixed settlers, chiefly from one or two departments of the mother country, have intermarried with each other for a period of two centuries, and have, by their language, religion, and other isolating influences, preserved their national unity almost untouched, little surprise will be felt that *idiocy* has become largely prevalent in the race.

In Western Canada, on the other hand, the settlers from the British islands, constituting a thoroughly variegated mixture, have been, by conjugal alliances, even in the short period of half a century, almost transformed into a new people, and by no means a degenerate one. It is the belief of the writer that, should a healthy stream of emigration into Western Canada continue for another half century, the ratio of insanity would be found to be lower than in any other country. The natural resources of the province are unsurpassed; the climate is, in reality, superior to that of England; the necessities and comforts of life are procurable by a light expenditure of bodily or mental toil; and the people are generally temperate, intelligent, and moderately religious. The increase of population in Western Canada has been very rapid. In 1811 it amounted to 77,000, and in 1851 has been found to be 952,004; being more than a twelvefold increase in forty years. In the last ten years of the above period it rose from 465,357 to 952,004. It cannot, therefore, be any matter of surprise, that with the rapid and large increase of population the number of the insane should increase also; yet it is questionable whether this has kept pace with the increase of population.

It has been found in Western Canada, as in the United States, but, of course, to a still greater extent, that the lunatics sent into the asylum have been chiefly of foreign birth; and the natives of Ireland have constituted the majority. In the first two years from the opening of the temporary asylum in Toronto, in 1841, the register of admissions shows the following proportions, as to national origin:

Natives of Ireland.....	54 per cent.
“ England.....	24 “
“ Scotland	11 “
“ Canada	7 “
“ Other countries	4 “

100

In the last two years, however, a striking change has been evinced in the national proportions; the admissions have been thus:

Natives of Ireland	36½	per cent.
“ England	16	“
“ Scotland	18½	“
“ Canada	17½	“
“ United States	6½	“
“ Other countries	4½	“
	<hr/>	
	100	

The population of Western Canada is constituted, as to nativity, as follows :

Born in Ireland	18.5	per cent.
“ Scotland	8.0	“
“ England	8.7	“
“ Canada	58.0	“
“ United States	4.6	“
“ Other countries	2.2	“
	<hr/>	
	100	

It will be observed that, notwithstanding the large preponderance in the population of persons born in Canada, these constitute but a trivial portion of the inmates of the asylum. Nothing, however, could be more erroneous than the conclusion that because of this disparity Canadians must be comparatively exempt from insanity. That portion of the population designated Canadian comprises all who have been born in Canada; and it is quite usual to find in the same family the parents and several of the elder children of foreign origin, and the younger styled Canadian. The Canadian portion of the census is, to a considerable extent, the youthful progeny of the settlers who have entered the province in the last twenty years. As these native Canadians attain to riper years, and encounter the various disturbing agencies which tend to the development of insanity, the inherent predisposition to the malady, derived from their parents, will manifest itself; though it is to be hoped, from their more comfortable physical condition, and a better moral and social discipline, the incidence of the disease will be materially curtailed.

It is deserving of notice, that for the last fourteen months a very great apparent increase of insanity amongst females in Western Canada has been observed. Of two hundred and forty-six cases, for admission of which application has been made in the above period, one hundred and forty-three have been females, and only one hundred and three

males. There is, however, good reason for believing that this disparity in the applications does not prove any actual increase of insanity amongst females in Western Canada; for it is found that not less than one-half of those sent have been insane for a considerable time; in some instances the disease has been of many years' duration, and in a majority it has been over one year.

On the other hand, it is found that in the males admitted the duration of the disease has been much shorter, and that the type is generally more favorable. It is to be regretted that, from the ignorance of the friends of the insane on the subject of insanity, and the true character and purpose of lunatic asylums, they have deferred transmitting patients in the early period of the disease. Women being more easily controlled and much less offensive to the public than men, in a state of insanity, have been kept at home, until, from their destitute condition, the death of friends, or the final exhaustion of their overtaxed sympathies, further delay has been impracticable. What may be the extent of the arrearage in this sex, now outstanding, it is difficult to conjecture. Over forty applications for admission of females into the asylum now await advice of vacancies. The house is much overcrowded, in both the male and female divisions, having at present one hundred and eighty-two of the former sex, and one hundred and eighty-eight of the latter, as its insane inmates. The Legislature has made an appropriation for the commencement of an extension of the building, by the erection of its wings; on the completion of which, its capacity of accommodation will be somewhat greater than that of the State Asylum at Utica. The structure of the building, being on the plan of associated dormitories, varying in capacity from sixteen to five beds each, a much larger number of patients have been introduced than could possibly be lodged under the arrangement of separate single-bed apartments. It is expected that the provincial government will soon be in a position to convert the military barracks, in London, into a provisional asylum, for the accommodation of the insane of that rapidly growing portion of the western province. It is very gratifying to know that our provincial authorities have begun to manifest a very deep interest in the cause of insanity, much of which, there is good reason to believe, is ascribable to the humane influence of the present Governor, Sir Edmund Head. Perhaps one of the greatest blessings which could have been conferred on the insane of Western Canada has been the opening, under his Excellency's auspices, of a separate asylum for criminal lunatics, at Kingston, to which the patients of that class, formerly confined in the asylums at Quebec and Toronto, have been transferred.

The funds available for the erection and maintenance of lunatic asylums in Western Canada are derived from a general tax on property, levied by the various municipalities, and paid over to the Receiver General of the province. This tax does not, probably, fall much short of one hundred and eighty thousand dollars per annum; but, unfortunately, though levied under the name of "Lunatic Asylum Tax," and believed by the payers to be wholly applied to the benefit of the insane, it has been largely drawn upon for other, and very different, though very commendable purposes. It would be well, however, to call things by their right names, and not to make the burthen of the support of the victims of so dire a calamity as insanity appear greater than it really is.

J.

ARTICLE V.

INSANITY AND IDIOCY IN MASSACHUSETTS.*

This Report, of the value of which our readers were somewhat apprised in the last number of this Journal, was directed by the Legislature of Massachusetts in 1854.

The Commission consisted of Hon. Levi Lincoln, Hon. Increase Sumner, and Edward Jarvis, M. D.; but the two former do the latter the justice to say, "that the very extensive correspondence with professional gentlemen, in this country and Europe, which elicited many of the facts, and much of the important and instructive information contained in this Report, was exclusively conducted by him. He directed and superintended, also, the preparation of the numerous tabular statements and illustrations which are herewith presented, and the draft of the Report is from his pen."

The committee was directed:

1. To ascertain the number and condition of the insane in the state, distinguishing, as accurately as may be, between the insane, properly so considered, and the idiotic or *non compos*, between the furious and the harmless, curable and incurable, and between the native and the foreigner, and the number of each who are state paupers.

* Report on Insanity and Idiocy in Massachusetts, by the Commission on Lunacy, under resolve of the Legislature of 1854. 8vo, pp. 202. Boston, 1855.

2. To examine into the present condition of the hospitals of the state for the insane, and see what number of patients can properly, with due regard to their comfort and improvement, be accommodated in said hospitals.

3. To see what further accommodations, if any, are needed for the relief and care of the insane.

4. And, generally, to examine and report the best and most approved plans for the management of the insane, so far as the size and character of hospitals, and the number of patients proper to be under one supervision, are concerned.

5. To examine into the present condition of the State Lunatic Hospital at Worcester, and ascertain what kind and amount of repairs are needed, and at what probable cost, and consider the expediency of disposing of the said hospital and the lands connected therewith, or any part thereof, and of recommending a site for the erection of a new hospital or hospitals.

6. To report the estimated proceeds of the sale of the present hospital, and the grounds therewith connected, at Worcester, if they deem such a sale desirable.

7. To accompany their report with plans, specifications and estimates of cost of any new hospital which they may recommend.

I. STATISTICS.—In 1848, a committee appointed by the Legislature, "to consider the whole subject connected with insanity within the commonwealth," ascertained and reported the number of insane in this state to be fifteen hundred and twelve, of whom two hundred and ninety-one were able to furnish the means of their own support, and eleven hundred and fifty-six were unable to do so, and the pecuniary condition of sixty-five was not ascertained.

The marshals engaged in taking the national census in 1850 discovered and reported sixteen hundred and eighty lunatics and seven hundred and ninety-one idiots, being a total of two thousand four hundred and seventy-one of both classes.

In making the present enumeration the Commissioners established a very extensive correspondence. They addressed (on this and other subjects of their inquiry)—

Physicians within the state.....	1,556
Clergymen	20
Overseers of the poor.....	74
Selectmen.....	4
Other gentlemen.....	5

Superintendents of hospitals and private establishments in the state.....	6
Masters of county receptacles, houses of correction, jails, state alms-houses	11
Superintendents of hospitals in other states	14
	<hr/>
	1,690
Personal inquiry made of other masters of houses of correction and jailers.....	12
	<hr/>
Total.....	1,702

It was ascertained that two hundred and thirty-seven of these physicians (taken from the catalogues of the county societies) were either dead or not in practice, had removed or were unreliable. Of the remaining thirteen hundred and nineteen, all, except four, made reports, directly or indirectly, to the Commission. "Most of them reported singly, but in many towns two or more acted in concert and sent their facts in one letter, and through one of their number.

"Two regular physicians only refused to make any report, and two irregular practitioners have neglected to make returns; but the fields of observation of all these were very carefully examined by their more willing or more intelligent neighbors, and extraordinary pains were taken to obtain collateral information from the overseers of the poor and other municipal authorities; and thus their towns were thoroughly examined, and every lunatic and idiot within their borders is presumed to be returned."

All clergymen written to, except four, who had removed, made answer; as also did nearly all the overseers of the poor addressed.

"In this survey the Commission placed their first and almost exclusive reliance on the physicians in the towns where they lived, and on the clergymen and overseers of the poor; but wherever there was any apparent deficiency, they sought information from other sources. After the medical returns had been made and the survey completed, the number of pauper idiots and lunatics thus received was compared with the state report relating to the poor, published by the Secretary of State, and including the number of idiots and insane returned by the overseers of the poor as relieved or supported within the year, and it was found that in forty-five towns the numbers in the overseers' report exceeded those in the medical returns. A new correspondence was then opened with these public functionaries, and resulted in the proof that, with the exception of four or five towns, the physicians had

reported all the pauper insane and idiots that existed at the moment when they made their returns.

"Notwithstanding the ready co-operation of a large part of the medical profession, and the efficient aid rendered from others, yet it was necessary to write again and again to many, and to visit and confer with and persuade others, in various parts of the state, so that the returns were not all received until the end of December."

We make these quotations to show the difficulty that must always attend an attempt to obtain a perfect enumeration, particularly of the insane.

It was ascertained by these means, that there were, in the autumn of 1854, in the state of Massachusetts, two thousand six hundred and thirty-two lunatics and ten hundred and eighty-seven idiots—making a total of three thousand seven hundred and nineteen of these persons who need the care and protection of their friends or of the public for their support, restoration or custody.

Of the Lunatics,

1,522 were paupers—693 state and 829 town paupers.

1,110 were supported by their own property or by their friends.

———2,632

2,007 were natives.

625 were foreigners.

———2,632

435 were curable.

2,018 were incurable.

179 not stated.

———2,632

1,284 were at their homes or in town or city poor-houses.

1,141 were in hospitals.

207 were in receptacles for the insane, in houses of correction, jails and state alms-houses.

———2,632

Of the Idiots,

670 are supported by friends.

1,043 are natives.

417 are supported by public treasury.

44 are foreigners.

———1,087

———1,087

PROPORTION.—In order to show the ratio of lunatics and idiots to the existing population, the Commissioners caused the population of each town and county to be determined by logarithmic calculation, a calculation based on the census of 1840 and that of 1850. From these a ratio of increase is determined, which is supposed to continue the same from 1850 to 1854.

We copy a table, to show some of the results :

RATIO OF LUNATICS AND IDIOTS TO POPULATION.

COUNTIES.	Calculated Population.	NUMBER.			RATIO TO POPULATION.		
		Lunatics.	Idiots.	Both.	Lunatics— one in	Idiots— one in	Both— one in
Berkshire . . .	53,123	119	74	193	446	717	275
Franklin . . .	31,735	84	54	138	377	587	229
Hampshire . . .	37,872	94	47	141	402	805	268
Hampden . . .	58,208	105	38	143	554	1,531	407
Worcester . . .	148,421	351	225	576	422	659	258
Middlesex . . .	190,462	357	135	492	533	1,410	387
Essex . . .	149,486	377	126	503	396	1,186	297
Suffolk . . .	170,351	458	20	478	371	8,517	356
Norfolk . . .	92,400	241	75	316	383	1,232	292
Bristol . . .	83,741	158	102	260	530	820	322
Plymouth . . .	59,416	139	71	210	427	836	282
Barnstable . . .	36,427	78	72	150	467	505	242
Nantucket . . .	8,238	12	12	24	686	686	343
Dukes . . .	4,796	19	11	30	252	436	159
State Almshouses	..	40	25	65	..	..	..
MASSACHUSETTS	1,124,676	2,632	1,087	3,719	427	1,034	302

or one lunatic to every 427, and one idiot among every 1,034, or one of either class among every 302 of the people of Massachusetts.

Besides this, there are ample tabular returns of the lunatics and idiots in each town. Another table gives us the return of *lunatics* as to sex, condition and prospects; the physicians and other reporters having been requested to state, in respect to each patient, whether he was mild, manageable, excitable, furious or dangerous. These are condensed, in this table, into three classes, with the following results :

Males	1,254
Females	1,378
	— 2,632
Mild and manageable	1,238
Troublesome and excitable	1,067
Furious and dangerous	263
Not stated	64
	— 2,632
Curable	435
Incurable	2,018
Not stated	179
	— 2,632
Subjects for hospitals	1,713

This list, it must be understood, includes both those at home and those who are in hospitals, receptacles, houses of correction, jails, and town or state alms-houses; also the independent, and the native and foreign insane.

Of the *independent* lunatics, (or those supported by their own property, or by their friends,) viz, 1,110, three hundred and eighty-seven are in hospitals, seven in prisons, or in receptacles connected with them, and seven hundred and sixteen are at home.

Of the pauper lunatics (1,520) nine hundred and fifty-four are in hospitals, or places for healing and custody, and five hundred and sixty-eight at home, or in alms-houses.

The state paupers, including both lunatics and idiots, amount to seven hundred and thirty-seven—six hundred and ninety-three of the former and forty-four of the latter. Of these almost four-fifths, or 573, are foreigners, and only 164 are natives.

“The preponderance of maniacal defects and disease, as between the independent and the pauper, is unquestionably shown by the comparison of the lunatics and idiots in each class. The whole number of permanent and temporary paupers who were supported from the public treasury in Massachusetts was 23,125. At the same time the calculated population of the state was 1,124,675, of whom 1,102,551 were independent and self-supporting. These are in the ratio of one to forty-seven, whereas the lunatics are in ratio of 72.9 independent to 100 paupers. Comparing these ratios, we find that the pauper class furnishes, in ratio of its numbers, sixty-four times as many cases of insanity as the independent class.

“A similar law of distribution prevails in England and Wales. The pauper lunatics are stated to be 16,821; those of the independent classes amount to somewhat over 8,000; making the ratio about two to one.”

The connection of pauperism with insanity is very clearly expounded by the Commissioners. The derangement of domestic affairs, the tendency to intemperance, the difficulty of guarding from injury, or from increased disease, are fully stated.

Among the paupers *eighty-six per cent.* are shown to be incurable, while among those of the independent class, a smaller proportion (*seventy-five per cent.*) are returned as beyond hope of restoration.

Next as to native and foreign lunatics. Of the latter (625) ninety-three per cent. are paupers. Of the natives who are dependent the proportion is much smaller, being fifty-seven per cent. of all.

Of the six hundred and eighteen foreigners, there were one hundred and twelve whose cases presented a hope of restoration, and five hundred and six probably incurable. Of the eighteen hundred and

thirty-five of native birth, three hundred and twenty-three were curable, and fifteen hundred and twelve incurable.

A large number of the foreign lunatics, as might be naturally expected, were found to be in some institutions for their restoration or protection.

The following was the disposition of six hundred and twenty-five :

Worcester Hospital.....	133
Taunton Hospital.....	107
Boston Hospital.....	184
McLean Hospital.....	8
Ipswich Receptacle.....	45
Cambridge Receptacle.....	47
Concord Jail.....	1
Boston Jail.....	1
Boston House of Correction.....	3
Dedham House of Correction.....	1
New Bedford House of Correction.....	3
Bridgewater State Alms-house.....	14
Monson State Alms-house.....	3
Tewksbury State Alms-house.....	14
At home—Paupers.....	29
At home—Independent.....	28
State Prison.....	2
Brattleboro' Hospital.....	2
	<hr/>
	625

Among the native lunatics, only 35.4 per cent. of the independent class, and 42.7 per cent. of the paupers, being 38.8 per cent. in all, were in these establishments; and only 35 per cent. of the whole were in the curative hospitals.

The prospects of the insane, in reference to curability and incurability, from the enumeration of the Commission, may be thus tabulated :

LUNATICS AT HOME.		LUNATICS IN HOSPITALS.	
<i>Native.</i>		<i>Native.</i>	
Curable.....	181	Curable.....	142
Incurable.....	885	Incurable.....	627
Not stated.....	161	Not stated.....	11
	<hr/>		<hr/>
	1227		780
<i>Foreign.</i>		<i>Foreign.</i>	
Curable.....	24	Curable.....	88
Incurable.....	29	Incurable.....	477
Not stated.....	4	Not stated.....	3
	<hr/>		<hr/>
	57		568
	<hr/>		<hr/>
	1284		1348

Lastly, as to **SEX**. Besides what has been already stated, we may add, that there were, in proportion to the whole calculated population of their respective sexes, one male lunatic in four hundred and forty-two, and one female lunatic in four hundred and thirteen, being a small excess of the latter.

There is a marked difference, however, in the sexes among the foreigners; their numbers being, males, two hundred and seventy-eight, females three hundred and forty-seven, in a total of six hundred and twenty-five.

IDIOTS.—The enumeration of these, it is premised, was made in accordance with the resolution of the Legislature, and its value is chiefly to supply statistical information. Care was especially taken, as in the inquiries to medical men and others, to insist upon the distinction between *demented* and *idiot*. "An idiot is one who was originally destitute of mind, or in whom the mental faculties have not been developed. Those who have once had the use of their mental faculties, but have lost them through the process of disease, are not idiots, but *demented*—deprived of mind, which had been once enjoyed. This is a very common result of insanity; and a large portion of lunatics, whose disease is protracted, and some in the earlier stages of their malady, fall into this condition; then they present similar manifestations to those of idiots, and by many are classed among them." It was, however, endeavored to guard against this in the present census. The following table exhibits the sex and ages of the 1,087 idiots:

IDIOTS OF ALL NATIONS.

COUNTIES.	Male.	Female.	Under Sixteen.	Sixteen and over.	Not stated.	Subject for Hosp.
Berkshire	39	35	14	60	..	9
Franklin	27	27	11	41	2	1
Hampshire	28	19	5	40	2	4
Hampden	28	10	14	23	1	1
Worcester	116	109	55	159	11	9
Middlesex	85	50	32	101	2	4
Essex	79	47	21	97	8	10
Suffolk	14	6	14	6	..	2
Norfolk	43	32	29	42	4	4
Bristol	65	37	25	75	2	9
Plymouth	37	34	12	58	1	6
Barnstable	38	34	11	61	..	2
Nantucket	2	10	2	10	..	..
Dukes	8	3	..	11	..	..
State Alms-houses	13	12 ⁴	9	15	1	..
Totals	622	465	254	799	34	61

"If they belong to independent families, the idiots are usually kept at home; and if paupers, in the alms-houses. Sixty-one of these are violent and dangerous, and need the confinement and guardianship of a hospital, for the public security at least."

Sixty-one per cent. of idiots, and forty-two per cent. of lunatics, are supported by their friends, or from their own estates. Of the forty-four idiots born in foreign lands, twenty were of the independent class, and only twenty-four were paupers. Again, of these last, fourteen were over sixteen years of age.

The two hundred and fifty-four given in the preceding table as under sixteen years of age, "are presumed capable of improvement by the training now offered by the state in the Idiot School, and are proper candidates for that institution. It is not to be assumed that those who are over this age have passed the period of improvement, but that unless the means of educating have been applied in the earlier years, they become of little avail afterwards; and therefore the Massachusetts School very properly limits its candidates to those within the age above specified."

Nine colored lunatics and ten colored idiots were found within the state.

After these statistical data, which we have endeavored faithfully to analyze, the Commissioners proceed with the following remarks, which we select in their own words:

"It has already been stated that insanity, if not cured in its early stages, becomes more and more difficult to be removed, and in course of a longer or shorter period, varying mostly from two to five years, becomes fixed and incurable. Then the patient is to be supported for life. On the other hand, if the disease be submitted to proper remedial measures, three-fourths or nine-tenths may be restored, and this proportion of the patients made again self-supporting members of society.

"The time required for the cure of different patients, in different forms or degrees of disease, varies from a few months in most cases to a few years in extreme cases.

"The question, then, in regard to the curable cases, which constitutes three-fourths or nine-tenths of all when attacked, is between the effort and the expenditure needed for their support and the restorative means during the healing process through a few months, or their support during their lives. Between the cost of supporting for a few months and that of supporting for life, no private economist, and certainly no political economist or statesman, should hesitate.

"The cost of restoring a lunatic to health, and enjoyment, and power of self-sustenance, and of contributing to the support of his family, and also to bearing his part of the burden of the state, is limited, and easily paid in money; the gain is unmeasured. But the cost of life-long lunacy, distressing and oppressive to the friends who have the patient in charge, is immeasurable, and not to be paid in money.

"Humanity would admit of no choice between these; and the state, which is the guardian of the weak and the friendless, should surely not entertain a moment's doubt as to which it should choose."

"In this matter the commonwealth and its cities and towns have more than a general interest; and this, if not immediate and visible, is sure and unavoidable. Insanity arrests production; the lunatic ceases to be a self-supporter, and is thrown upon his own estate, or upon his friends, or upon the public for sustenance. For the town or the state is the responsible indorser for every man who becomes insane, to pay the expenses of his sickness, however long it may be; and if the friends fail of this payment in any stage of the malady, the general treasury necessarily assumes and bears the remaining responsibility.

"This liability of the state and towns to be called upon to support the insane is very great. It is precisely in proportion to the number of people who are living without capital upon their daily or yearly income, or whose property may become exhausted by life-enduring insanity. It has been found to be a most expensive responsibility for the towns and the state. Within the last year they supported nine hundred and twenty-five insane and idiotic persons, who would have supported themselves if their diseased or defective minds had not deprived them of the power to do so."

"The management of the insane presents a wider and richer field for the same foresight, the same liberal economy that spends a little now to save much in the future. Taking the cost of maintaining those who are in hospitals, receptacles, &c., at the average price, \$2.08 per week, paid by the town or state for them, and supposing the expense of supporting the others in the poor-houses and at home to be no more than the average cost of supporting all the other paupers in the various almshouses in the cities and towns, \$1.48 per week, the whole cost of insane pauperism—that is, of supporting the fifteen hundred and twenty-two pauper lunatics in Massachusetts—is more than one hundred and forty-six thousand dollars (\$146,897) a year.

"It is, then, worth the consideration of the Legislature to see whether some action may not be taken to prevent the constant accession of paupers from this cause, by requiring the towns to take early measures for the cure of their pauper lunatics who are curable, and also of all others who, though independent, yet, by reason of their lunacy, are likely to become chargeable to the public treasury."

"Although there are two thousand six hundred and thirty-two lunatics in the state, it is not to be supposed that all of these need to be removed from their homes, or can derive any benefit from the curative or custodial means offered in the hospitals or elsewhere. Many of them have not only been so long deranged as to be past restoration, but they are mild and harmless, and can be kept as well at their homes or in the town poor-house as in a public institution. These constitute about nine hundred, for whom nothing more is required.

"But there are one thousand seven hundred and thirteen reported by the physicians who should enjoy the advantages of a hospital, either for their healing or for their protection, or for the safety of the public.

"These include all the recent cases which present any prospect of restoration, and are deemed curable, or at least not incurable, and also all the violent and furious cases, and most of the excitable and troublesome lunatics. They include even some of the mild but incurable cases whose disposition to wander and become vagabonds makes them, if not dangerous, at least troublesome, and sources of anxiety to their friends, and renders more strict guardianship necessary than would be obtained at home. To these one thousand seven hundred and thirteen lunatics there should be added the sixty-one violent and dangerous idiots who need the same restraints, making one thousand seven hundred and seventy-four for whom the accommodations or the restoring powers of a hospital should be provided."

We come to the answers to the second question proposed by the Legislature, viz. :

II. THE EXAMINATION OF HOSPITALS AND PRISONS.—"In obedience to the requirements of the Legislature, the Commission examined every public establishment within the commonwealth where the insane are or may be confined under the sanction of the law, including the four lunatic hospitals, the receptacles for the insane, the houses of correction, all the jails except that at Provincetown, the state prisons and the state alms-houses, and also two private establishments where the insane are received and treated. The Commission visited some and corresponded with all the hospitals in the other northern and middle states where it is supposed that any lunatics belonging to Massachusetts might be.

"The following table shows the number of Massachusetts patients in each of these hospitals:"

LUNATICS BELONGING TO MASSACHUSETTS IN HOSPITALS.

HOSPITALS.	SEX.		NATIVE.			FOREIGN.			ALL NATIONS.		
	Male.	Female.	Curable.	Incurable.	Total.	Curable.	Incurable.	Total.	Curable.	Incurable.	Total.
Worcester	175	189	27	204	231	28	105	133	55	309	364
Taunton	118	134	32	113	145	35	72	107	67	185	252
Boston	107	155	9	67	76	14	172	186	23	239	262
McLean	70	83	39	106	145	2	6	8	41	112	153
Pepperell	6	13	8	11	19	..	..	..	8	11	19
Brattleboro', Vt.	32	21	1	51	52	..	2	2	1	53	54
Providence, R. I.	7	18	7	18	25	..	..	..	7	18	25
Hartford, Ct.	3	3	3	3	6	..	..	..	3	3	6
Concord, N. H.	1	3	..	4	4	..	..	..	..	4	4
Augusta, Me.	2	..	1	1	2	..	..	..	1	1	2
Totals	522	619	127	578	705	79	357	436	206	935	1141

"**HOSPITAL AT WORCESTER.**—The hospital at Worcester has accommodations for three hundred and twenty-seven patients, besides the solitary and strong rooms, or cells, which are designed for an occasional, and not a permanent use; but when the house is crowded, as it is now, and as it has been excessively for several years, the officers feel compelled to make constant use of some or all of these strong-rooms. Although this institution contains now three hundred and sixty-four, and did contain five hundred and sixty-seven, previous to the opening of the hospital at Taunton, yet, regarding the best good of the patients, three hundred and twenty-seven is the utmost that can be received.

"This hospital was planned and the greater part built before most of the modern improvements were made in institutions for the insane, and the subsequent additions have been built in style and form corresponding to the original structure.

"**HOSPITAL AT TAUNTON.**—The hospital at Taunton was finished in the spring of 1854; and the trustees, on receiving it from the hands of the building commission, immediately altered the structure by removing the solitary strong-rooms, and adding others more advantageous to the purposes of the institution. In other respects the hospital would be improved and rendered more available by alteration and arrangement according to the modern improvements; yet such changes would be very difficult and costly, and therefore inexpedient at the present time.

"This hospital was intended for two hundred and fifty patients; but the pressure for admission has compelled it to receive two hundred and fifty-six.

"**HOSPITAL AT BOSTON.**—The hospital at South Boston was built in conformity with the law of 1836, requiring the counties to provide apartments in the houses of correction for the idiots and insane not furiously mad, and in accordance with some other legislation for this especial purpose. It is placed between the House of Correction and House of Industry, with a very limited extent of grounds, insufficient for the purposes of the establishment, and affording little or no room or opportunity for labor or recreation abroad.

"The house is crowded, having two hundred and sixty-seven patients, with only rooms for two hundred, and no spare rooms for work-shops or gatherings of the patients for any other purpose.

"In view of this crowded state of the establishment, the city government is agitating the question of building a new hospital on a more ample and commodious site, where all the accommodations and conveniences for the patients may be offered to them.

"**MCLEAN ASYLUM.**—The McLean Asylum was projected before the construction of lunatic hospitals had attracted much attention, and it has grown by the addition of parts from time to time, until it has arrived at its present capacity. The form and condition of the site, and local circumstances, have been necessarily regarded in the arrangements of the several wings and parts of the establishment, so that the form and construction of the building, as it is now, are very different from what they would be were it planned and built according to the ideas of

the present time. It is built on a peninsula, where their grounds must be limited, and therefore cannot be made so useful to the establishment and to the patients who reside there as is desirable. Nevertheless, with its abundant and appropriate provisions for the residence and management of the patients, and with the various convenient and graceful means of occupation and amusement, it affords an excellent and desirable home for two hundred patients; and to this its numbers are limited.

"This institution is open to all patients whose friends may apply for their admission, and can afford to pay the necessary cost. Its high character and reputation for successful management through forty years, and its elegant accommodations, render it especially attractive to the wealthy, and draw many from abroad. There were forty-seven patients from other states.

"There are private establishments at Pepperell and Dorchester. These can accommodate about forty patients, and have now twenty-five belonging to Massachusetts. These are all the hospitals within this state. The following table shows the proper accommodations in each, and the number of Massachusetts patients now resident in them:

HOSPITAL ACCOMMODATIONS AND MASSACHUSETTS PATIENTS
RESIDENT.

HOSPITALS.	Accommodations for	Massachusetts Patients resident.
Worcester	327	364
Taunton	250	256
McLean	200	153
Boston	200	267
Pepperell, &c.	40	19
Totals	1,017	1,059

"All our own public institutions are more than full. That at Worcester has thirty-seven, that at Taunton six, and that at Boston sixty-seven more than they can well accommodate. The officers of the McLean Asylum, for want of room, reject a large number of those who ask for admission; but the state hospitals and that at Boston are obliged to receive all that are sent to them through the courts, who supply them with the great majority of their patients.

"**LUNATIC RECEPTACLES CONNECTED WITH HOUSES OF CORRECTION.**—The law of 1836 (Supplement to Revised Statutes, page 4, chapter 223) requires:

"Sect. 1. That there shall be within the precincts of the House of Correction, in each county in this commonwealth, a suitable and convenient apartment or receptacle for idiots and lunatics or insane persons not furiously mad, to be confined therein, as hereinafter provided.

"*Sect. 2.* 'When it shall be made to appear, on application made in writing to any two justices of the peace, one of whom shall be of the quorum, or any police court, that any person being within the jurisdiction of such justices or courts is an idiot or lunatic not furiously mad, the said justices or courts are hereby authorized to order the confinement of such persons in the receptacle provided for the purpose.'

"Only three counties, Suffolk, Middlesex and Essex, have complied with the requirements of this law and made this provision for their insane.

"The Boston Hospital, already described, meets the condition of this law.

"**IPSWICH RECEPTACLE.**—The receptacle for lunatics at Ipswich is connected with the House of Correction, and under the same roof; yet it is entirely separated from the prison by the centre building, which contains the dwelling of the superintendent and family, the offices connected with the establishment, and by the kitchen and eating-room for the patients. A closed brick wall, also, prevents all access from one to the other. The yards are at the opposite ends of the building; that of the prison is surrounded by a high brick wall, and that of the lunatics by a high fence, so that no communication can take place between them.

"The lunatic department is a single wing, three stories high, besides the basement.

"The internal arrangements of the several stories are similar to those usually found in the wings of lunatic hospitals. There is a hall in each, sixty-three feet long, twelve feet wide, and ten feet high, running the entire length, with lodging-rooms on each side. These rooms are ten feet long and six feet wide, and of the same height as the hall. There is a large window at the end of each hall, and a smaller one in each lodging-room, all with iron sashes, and glazed with 7 by 9 glass.

"The doors are all thick and heavy, and fastened with strong locks.

"Besides these rooms, there are several strong rooms or cells in the basement story for the excited and furious patients. These have grated windows, like those of a prison, and some of them are provided with strong shutters, to prevent the violent inmates from breaking the glass, and to furnish more effectual security against any attempts to escape. There are also very heavy doors, which are secured with bolts and locks, to resist the destructive efforts of the furious.

"Besides these means of security there are provided hand-straps, mittens, muffs, &c., to restrain those who need them; and these are occasionally used.

"There are eighteen rooms in each story, and also bathing-rooms and water-closets sufficient for each sex in the building.

"The whole is warmed by hot-air furnaces in the basement, and imperfectly ventilated by Emerson's apparatus. There is an aperture for the passage of air from the lodging-rooms to the halls, and the air-ducts open from the halls to the ventilators.

"There are yards or airing-courts for the patients contiguous to the building, and also several acres of land connected with the establishment, on which some of the men work in the summer. Some of the women are employed in the kitchen and in doing some of the other work about the establishment.

"There were forty-nine male patients in two of these halls, and nineteen females in the other.

"As there were only thirty-six lodging-rooms in the male wards, and two of these were occupied by the attendants, it was necessary that fifteen of these rooms, only six feet by ten, should receive two lodgers each; and in the female ward it was necessary that two rooms should do the same.

"Throughout the whole establishment neatness and order prevail.

"There were three attendants to take the charge of those sixty-eight patients, one in each hall.

"All these patients were orderly and quiet at the time of visitation. Although the whole forty-nine male patients were then crowded into one hall, on account of the temporary cleaning of the other, yet there was no disorder, no apparent discontent. They were mostly old cases, and demented. Yet there were some whose diseases were not of very long standing, and were probably susceptible of restoration under proper remedial influences.

"**EAST CAMBRIDGE RECEPACLE.**—The county commissioners of Middlesex have provided apartments at East Cambridge for their lunatics within the precincts of, and connected with, the House of Correction. The whole establishment consists of the jail, the house of correction proper, the work-shop, the kitchen, the store-house, and the receptacles for the insane, which are all in and around the small yard or open ground in several separate buildings. The convicts march across this yard between their prison-house and the work-shop several times a day.

"There are two houses for the insane, one for each sex, both thirty feet by forty. They are on opposite sides of the yard, and unconnected with the other buildings of the establishment. The house for the males is two stories high, and that for the females is three stories. In each of these stories there is a middle hall, about eight feet wide, running through the whole length of the building, with rooms for sleeping on each side. There are seventeen of these small lodging-rooms in the house for males, and twenty-six in that for females. The attics are also occupied as dormitories.

"These buildings are heated by steam, and ventilated by a system depending on the movement of the external air. The warmth was satisfactory; but in the main building the means of ventilation were 'insufficient to prevent disagreeable smells pervading the whole building.'*

"There is an airing-court connected with the females' building, about sixty feet in length and forty in width, surrounded by a high wall. A smaller airing-court is connected with the males' building, and similarly guarded against the escape of the inmates.

"The building for females is near to the street, and they are subject to the observation of, and conversation with, the passers by; and the noise of the patients, especially of the excited ones, can be heard abroad.

"Both of these buildings are very much crowded. In two halls, forty feet by eight or ten, there were thirty-five male patients during

* Letter to the Commission from Hon. John S. Keyes, Sheriff of Middlesex.

the day, and at night they were as uncomfortably situated. Twelve of them sleep in the attic, 'which is lighted by a single window in each end, and high enough to stand upright in the middle, and sloping to the eaves,'* the beds being under the low roof, with no supply of air. The other twenty-one occupy the few small sleeping-rooms below, and in many of them two were obliged to sleep. 'The basement story or cellar is used for an eating-room.'*

"The building occupied by females, having three stories, has more room, yet not enough for the thirty-five patients. Six of these occupy the attic, and the other twenty-nine sleep in the small bed-rooms arranged on the sides of the halls in the other stories.

"This establishment is under the charge of the master of the House of Correction, who has the superintendence of a very large number of convicts, with all the responsibility of their security, labor and board, and has therefore as much to do in the management of the affairs and inmates of the prison as should be required of one officer. He, of course, must delegate the care of the insane to an under officer, or principal attendant for each sex. Such persons, male and female, are employed to oversee each building and the inmates, but all their assistants are convicts. Most of these assistant attendants were sent to the House of Correction for intemperance, and probably are selected as the best in the whole convict population of the prison for the care of lunatics.

"Except walking in these small yards, there is no opportunity of obtaining any exercise in the open air in the mild and clear weather, and none at all when storms or cold prevent their going abroad. Within the house there are no means of employment or occupation, labor or amusement. The patients have nothing to do but lounge listlessly about the yard without or in the halls within the house.

"This receptacle is provided with the means of restraining and confining the excited and furious in strong-rooms and with mittens, straps, &c. Most of the patients, of both sexes, are natives of other countries, and incurable. About half are mild and harmless—'not furiously mad,' as described in the law. Nearly as many are excitable and troublesome; some are turbulent, some furious, and some very noisy.

"In the female building one patient was vociferating so loudly that she was heard in the street, and was offensive to the people who were passing by.

"**HOUSES OF CORRECTION AND JAILS.**—The Commission visited and examined all the other houses of correction and all the jails in the state, excepting that at Provincetown, and ascertained the extent and the kind of accommodations which were provided in them for the idiots and insane not furiously mad, in conformity with the law of 1836.

"**LENOX PRISON.**—In LENOX, the Jail and House of Correction were in one building—a prison of the modern form, one within another, with ranges of small cells side by side for the convicts. But there is another apartment, about twelve or fifteen feet square, with a range of cells on one side opening into it. These cells are small, like those in the principal prison, and made strong, with iron doors and all the means of security from escape.

* Mr. Sheriff Keyes' Letter.

"Until recently, there have been three lunatics confined in these cells for about twelve or fifteen years. They were separated from the convicts, no others being confined in these cells or in this room. They had no means of exercise, no occupation, and were always retained in their cells, except that one at a time, when peaceable, was allowed to be in the larger room, but they went no farther.

"These three lunatics have recently been removed to the hospital at Worcester.

"These cells were not originally prepared for the lunatics, but for debtors and for female prisoners.

"There were no lunatics there at the time of the visit.

"**SPRINGFIELD PRISON.**—This single prison includes both the House of Correction and the Jail for Hampden county. This is arranged in the modern form, one prison within another, with the galleries and small cells side by side contiguously, and no other room or place for confinement or lodgment of those committed to this establishment.

"There is no work-shop; but the area in front of the cells and between the inner prison and the outer walls is appropriated for this purpose. There were no lunatics in the prison at the time of the visit, nor had there been any since the present master of the house commenced his administration.

"But if any one should be committed to this prison, he must be confined in one of these stone-walled, iron-grated cells, by the side of those containing convicts, during the night when they are not at work, and he must be before them, and can see them at any time, while they are at work during the day.

"**NORTHAMPTON PRISON.**—This is a new, spacious establishment, including both Jail and House of Correction under one roof. The whole is built on the latest improved plan. On one side of the inner prison are galleries running in front of ranges of small cells for close confinement. This is called the House of Correction, and is appropriated for the convicts. On the other side are ranges of larger rooms, ten or eleven feet square, but equally strong, with stone walls and iron-grated doors. This is called the Jail, and is used to confine those who are accused of crime, but not yet tried or sentenced.

"There is no special provision made for lunatics, and no place to keep them, except in the rooms provided for the accused or the convicted prisoner.

"There were no lunatics at this house of correction at the time of the visit, but there had recently been four committed to its charge. One was found in the streets at Ware, noisy and troublesome. He was supposed to be a recent case, although his history could not be ascertained. After a detention of four months, becoming very difficult to be managed, this patient was removed to Worcester. Another, who was sent there for similar reasons by the magistrates, was afterwards also sent to Worcester. Both of these were supposed to be dangerous to the public peace and safety, and were confined in the House of Correction for the public security, and not for their own good.

"**GREENFIELD JAIL.**—This is a small building of the old fashion, with a few stone rooms sufficiently large, but dark, cold and cheerless.

This is the Jail exclusively. There being no house of correction in Franklin county, an arrangement is made with the authorities of Hampshire to receive into the prison at Northampton such convicts as should in their county be sentenced to confinement and labor.

"There are no suitable apartments provided for lunatics; and if they are sent to the House of Correction by the justices or other authorities, they must be in this common jail, or sent to the House of Correction at Northampton.

"There are now no lunatics confined in this prison, and there has been but one since the present jailer has had charge of it. There was a female lunatic within the year, confined for some months, awaiting trial on the charge of homicide. She was acquitted on the ground of insanity, and sent to the State Hospital at Worcester.

"**WORCESTER PRISON.**—The House of Correction at Worcester is of the modern form, with galleries and ranges of cells, but with no especial accommodation for the insane. There are none now in this prison; but some months ago, and for some time previously, nine lunatics were confined there. Having no other place for them, the lower range of cells on one side of the prison was given up to them.

"**CONCORD JAIL.**—This is a heavy stone building of the old form, with large and separated rooms, all with stone floors, heavily grated windows and very strong doors. Here are two lunatics confined, and have been for eighteen years. They occupy the lower rooms in the building; and one of them, on account of his noisy disposition, was put in a back or inner room, which was formerly the dungeon for the confinement of the most refractory convicts. It is now lighted in some degree, though it is yet the most uncomfortable room in the jail.

"These lunatics are both state paupers. One is colored, and the other is a Swede. Both are usually mild. One has generally been allowed to go about the village at will, and has spent much of his time in day labor, sawing wood, &c., for the people in the vicinity. At other times he is very troublesome; and now for several months he has been very noisy, disturbing the neighborhood with his outcries. The other is generally quite harmless, and to some extent useful in and about the jail, attending church regularly, and more foolish' (demented) 'than insane, unless aroused to anger by some provocation.'*

"**LOWELL JAIL.**—This is a small jail, an inner prison, with the galleries and ranges of small contiguous cells, and no other rooms. There are no lunatics confined there, nor have there been any, except for temporary security while waiting to be transferred to Cambridge. But when they are there they are placed in these cells by the side of those occupied by the criminals. During the visit these prisoners were very noisy, talking loudly; the sound of their voices was distinctly heard in the neighboring office of the jailer, and unavoidably reach and disturb the lunatics, if confined with them.

"**LAWRENCE PRISON.**—The Lawrence Prison is new, just completed after the best model of the time. It contains a house of correction and jail in the same building. The cells are large, eight feet square,

* Mr. Keyes' Letter.

arranged along the galleries for the security of criminals, but there are no apartments for the insane. There have as yet been no lunatics admitted here, even for a temporary lodgment.

"**NEWBURYPORT JAIL.**—This is of the old form, with entries and large rooms to contain one or more prisoners. One lunatic is now confined there, and he has been an inmate of that jail for many years. He is harmless, and allowed to go about the prison and the house at will, and to ride abroad, and makes himself useful to the jailer by carrying food to prisoners, &c. He is a native of Newburyport, and was, until lately, a man of property, but is now supported by the city. His room in the jail, like the others, is guarded with grates, a thick oaken door, and very heavy bolts. Yet the door stands open, and he is free to move abroad. His room is comfortably furnished, and he prefers to stay there. He has been at the hospital in Worcester; but, being incurable, his friends prefer to have him at the jail, where he is contented and very kindly treated, and where they can easily visit him.

"**SALEM JAIL.**—The Jail at Salem is like that at Newburyport; but it contains no lunatics, nor have any been received there, except, perhaps, for temporary custody while waiting to be transferred to Ipswich.

"**BOSTON JAIL.**—The new Jail at Boston has no place for the insane in the main part. But in the lock-up there are several rooms in which prisoners under the excitement of delirium tremens, and vagabond or turbulent and troublesome lunatics, are confined while waiting for their friends to come for them, or to be transferred to the hospital at South Boston. These are often found strolling in the streets, or disturbing the peace in some houses, and are brought here by the police for safe keeping and for the adjudication of the courts. For this purpose there was one female lunatic here who was found strolling in the streets in the night. Her room was sufficiently comfortable for her short detention.

"**BOSTON HOUSE OF CORRECTION.**—In the House of Correction at South Boston there is a very comfortable hospital, where every thing is provided for the criminal patients that their disease can require and their position admit. Here were three insane convicts, who had become deranged since they had been in prison. They are under the immediate charge of Dr. Walker, the Physician of the Lunatic Hospital, and receive all the appropriate treatment they need. Whenever the criminal lunatics can be better treated in the Lunatic Hospital, they are removed to that place, where they enjoy all the advantages that are given to any other patients in that institution.

"**DEDHAM PRISON.**—This Prison is of the modern form, and embraces both the Jail and House of Correction in one building. The cells are all small and alike along the galleries, and looking into the areas.

"There are no apartments provided for lunatics, no place for them, except in the narrow and strong cells by the side of the criminals.

"There are three lunatics in this prison. One from Dover was committed by the magistrates under the law of 1836. He is boarded here by his friends, from his own substance, for custody. He was clothed in the party-colored garments worn by the convicts of the prison.

"Another, a colored female, more idiotic than lunatic, who set fire to a barn many years ago, being a dangerous person to be at large, has been detained here ever since. She is mild and apparently harmless, but, the jailer thinks, still unsafe to be abroad.

"Another, an Irishman, confined for crime, became insane in prison, and is supposed to be dangerous and unsafe to be at large.

"**TAUNTON JAIL.**—In Taunton the Jail is of the old form, with large and very strong rooms of stone, built to resist violent efforts for escape. There are no lunatics in this prison, nor have there been any, except for temporary lodgment while waiting to be sent to the House of Correction in New Bedford.

"**NEW BEDFORD PRISON.**—In New Bedford the Jail and the House of Correction are in one establishment. There are several buildings around one yard, and are of both the old and modern form, for the confinement of criminals. But there is no especial provision for the insane.

"There were eight lunatics in this prison. One was constantly furious. Another, who had recently been there, could not be clothed. Some were excitable, others were quiet and easily managed. One was a recent and curable case.

"These are confined in various rooms, as seems to be for their advantage and the convenience of the administration of the prison. One was in a cell five feet wide. Some of these are in a room appropriated for a hospital where others were sick.

"This room, like the others, is strong, with grated windows, and thick bolted doors. It was crowded and uncomfortable, and very unfit for the insane. The beds in this hospital were in boxes or bunks, one above another, as in soldiers' barracks.

"The whole aspect of this place was miserable, gloomy and forbidding, especially to persons of diseased mind.

"**PLYMOUTH PRISON.**—In Plymouth the House of Correction and Jail were both in one establishment and one yard, though separate buildings. The Jail is of the old form, with entries and large rooms. The House of Correction is modern, with galleries and small cells within the outer walls.

"There is no provision for the insane, and no place for them, except in the strong and grated rooms of the Jail, or in the narrow cells of the House of Correction.

"One lunatic is confined there. He is a man of property, but violent and dangerous at home and in his own neighborhood; and even here he is very troublesome, and sometimes unmanageable. At the time of the visit he was mild, and at work in the field or garden. His room was in the Jail.

"**BARNSTABLE JAIL.**—The prison in Barnstable is one small building, and is called both House of Correction and Jail. It is of stone, and has

a few large rooms, and no cells, and no proper apartments for the insane.

"There was one lunatic confined in this prison at the time of the visit. He was generally mild and manageable. Yet he was easily disturbed, and might be excited suddenly, and without apparent cause. He was sometimes even furious, and was therefore unsafe to be at large, though unfit to be in prison.

"**NANTUCKET JAIL.**—In Nantucket there is no house of correction, and only a wooden jail. There were four rooms in this building, furnished as comfortably as the dwellings of the laboring poor, and having more the appearance of a private dwelling than a prison. There were no lunatics at the time of the visit, and there had been none confined in the Jail within the memory of the jailer, who has had charge of it for many years.

"**EDGARTOWN JAIL.**—In Edgartown the prison is an extremely small stone building, with four rooms, nine feet square. One end is called the Jail, and the other the House of Correction. There are no rooms for lunatics, nor were any lunatics or any other inmates in this prison.

"**STATE PRISON.**—In the State Prison at Charlestown there is a very comfortable and commodious hospital, with good and airy rooms for the sick, where they can have all the facilities for attention that their cases demand and their condition admits.

"There are three lunatics in this prison, who are mild and at work, their delusions not preventing their attending to the labors required of them under the watchful care of the officers.

"The lunatics in this prison are under the care of the physician of the establishment, and, when occasion calls for it, they are examined by a commission of high character, and, if need be, transferred to one of the state lunatic hospitals.

"The Jail at Provincetown was not examined.

"It appears, then, from these personal examinations and this review, that there are houses of correction in only ten of the fourteen counties, in Essex there are two, and that in the other four counties there are only jails. Besides these there are seven other jails in the counties of Middlesex, Essex, Suffolk, Bristol and Barnstable, making eleven houses of correction and eleven separate jails within this commonwealth, besides the State Prison at Charlestown.

"Except at Boston and Ipswich, there are no suitable apartments provided for the idiots and lunatics not furiously mad, in connection with any of the houses of correction in the state; nor are any provisions whatever made, under the law of 1836, except in Suffolk, Essex and Middlesex. Yet lunatics who are not convicts are found in seven of these prisons, and they have been, or may be, under the law of 1836, confined in any or all of the others, notwithstanding their entire unfitness for such purposes.

LUNATICS IN RECEPTACLES, PRISONS, &c.

	SEX.		NATIVITY.		CONDITION.				Convicts.	Sent from Hospital at Worcester.
	Male.	Female.	Native.	Foreign.	Mild—manageable.	Excitable—troublesome.	Furious—dangerous.	Not stated.		
RECEPTACLES.										
Ipswich . . .	64	22	41	45	22	63	1	..	8	9
Cambridge . .	28	32	13	47	29	24	5	2	..	7
Totals . . .	92	54	54	92	51	87	6	2	8	16
HOUSES OF CORRECTION.										
Boston	2	1	..	3	..	3	..	..	3	..
Dedham	2	1	2	1	..	1	2	..	2	1
New Bedford .	3	3	3	3	4	1	1	..	..	3
Plymouth . . .	1	..	1	..	..	..	1	..	..	..
JAILS.										
Concord	2	..	1	1	1	..	1	..	..	2
Newburyport .	1	..	1	..	1	..	..	..	..	1
Boston	1	..	..	1	..	..	1	..	..	..
Barnstable . .	1	..	1	..	1	..	..	..	..	..
State Prison . .	3	..	1	2	3	..	..	..	3	..
Jails and Prisons	16	5	10	11	10	5	6	..	8	7
Total of all . .	108	59	64	103	61	92	12	2	16	23

"STATE ALMS-HOUSES.—The Commissioners visited and examined the State Alms-houses at Monson, Tewksbury and Bridgewater, in reference to their means of accommodating the insane, and their fitness for the residence of these patients. These establishments were originally intended exclusively for paupers that were presumed to be sound in mind at least. It was, therefore, no part of the plan of the architect to provide for the insane. In the external and internal arrangements and structure of the buildings there are none of the means or conveniences for them. The houses are principally divided into large wards, capable of accommodating about fifty paupers in each, and are needed for the sane. The large dormitories are also appropriated to the same classes.

"Underneath one of the wings of these houses is a basement story, which is sunk five feet below the surface of the ground. There are four rooms in this subterranean place. One of these rooms has a stove and is made comfortably warm. By the side of this is another room which is used for bathing, and has tubs and a tank, which is usually filled with water, and is sufficiently large for many boys to bathe and even swim in at the same time.

"One of the other two rooms by the side of the warmed room is fitted with cells for the use of the males. The other on the opposite corner from the heated room is fitted with cells for the females. These cells are narrow like those of prisons. They are made strong, with plank partitions. Some of the doors are made of plank bars, and others of iron bars, fixed in heavy bars of wood. They all are secured with heavy prison locks or iron bolts.

"These cells are all dimly and indirectly lighted, and at best are dark and gloomy. There are no means whatever for ventilation, except by opening the windows of the area in front of some of these lock-ups, and at the side of the others. There are no means of warming, except by what heat may chance to pass from the stove-room through the door into the passage way around these cells.

"In the coldest weather of the winter the water was frozen so that it could not be used in the bathing-room, which is by the side of, and is contiguous to, the stove-room. The room which contains the cells for the females is still colder, as it is farther from the fire, and touches only upon the corner of that which is heated.

"These cells were provided for the punishment of the disobedient and refractory paupers, who sometimes need discipline.

"Besides the cells, which are in all these establishments, there are in Monson five cells in a building recently erected, which are more pleasant and healthy.*

"These are all the means of separating the lunatics from the rest of the household. Ordinarily they are kept in the wards with the other paupers; but when they are excited, or are troubled by, or troublesome to, the other inmates, so that it is requisite to remove them, the only resort is to send them to these cells, for there are no other rooms to which they can be sent.

"The number and condition of the insane and idiots in each of these establishments is shown in the following table :

LUNATICS AND IDIOTS IN STATE ALMS-HOUSES.†

LOCATION.	SEX.		NATIVITY.		CONDITION.			Total.
	Male.	Female.	American.	Foreign.	Mild—manageable.	Excitable—troublesome.	Furious—dangerous.	
Monson	4	2	3	3	3	3	..	6
Tewksbury	7	12	5	14	5	7	7	19
Bridgewater	7	8	1	14	6	8	1	15
Totals	18	22	9	31	14	18	8	40

* Letter of Dr. S. D. Brooks, Superintendent of the Monson Alms-house, to the Commission.

† These were the numbers in October, 1854, when the returns were made. Since that time many have been removed from Ipswich and East Cambridge receptacles, and some from the hospitals to these alms-houses so that there are now (April, 1855) about a hundred at Bridgewater, and in the others the numbers are increased.

"Of the forty reported, eight are stated to be furious or dangerous, eighteen excitable and troublesome, and only fourteen, about one-third, are always mild and proper members of the general household.

"**SUMMARY OF ACCOMMODATIONS FOR THE INSANE.**—These hospitals, receptacles, prisons and state alms-houses are all the places in the commonwealth where lunatics can be accommodated or confined, except at their homes in private dwellings, or in the city and town poor-houses.

"Suitable accommodations are provided, in the four hospitals and in the private establishments, for one thousand and seventeen of the curable and the incurable patients who need custody or separation from home. Good custodial accommodations are provided at Ipswich for sixty-nine of the old, incurable and mild patients. Means of confinement are provided at Cambridge for sixty of the same.

"Sufficient provision is made for the criminal lunatics now in the State Prison and in the Boston House of Correction. In all the establishments in the state provision of various kinds is made for eleven hundred and forty-six patients.

"As the McLean and the private asylums are open to patients of every state, and as there are always some who prefer to send their insane friends to distant places, it is probable that these will always receive some, perhaps as many as they now do, from abroad. For similar reasons, and on account of the greater convenience of access to some parts of the commonwealth, it is probable that as many will be sent from Massachusetts to the hospitals in the neighboring states, making those that come into the state about equal to those who go out.

The answers to the third and fourth inquiries are included under the head of "Further Wants of the Insane," and "General Plans for the Future."

III and IV.—From these we must make copious extracts, as the subjects noticed are of very general importance and interest.

"**FURTHER WANTS OF THE INSANE.**—The returns received show that, in the opinion of the physicians and hospital superintendents and others, there were one thousand seven hundred and thirteen insane persons and sixty-one idiots who should enjoy the advantages of, or be confined in, some hospital or other; six hundred and ten of these are at their homes or in poor-houses; add to these one hundred and nine, the excess of patients in the hospitals at Worcester, Taunton and Boston, and we have seven hundred and nineteen who now need, but have not, these advantages. Now, it is not to be supposed that the relations and the overseers, the friends and the guardians, would send all, or nearly all, their patients to a hospital, however excellent its accommodations, and however accessible it might be to them. It is not, therefore, deemed advisable that the state or the people should make provision for so many in addition to that which is already made. But it is well known that there are many whose friends and guardians desire them to be admitted, but they cannot be received for want of room. Three of the public hospitals are crowded with more than they can accommodate; and the McLean Asylum would be, if, like the other hospitals, it were obliged to receive all who are sent to it, or for whom application is made.

Many of our patients now in the asylums in Brattleboro', Providence, Concord and Hartford, are sent there on account of the difficulty of getting into the hospitals at home, and the greater facilities for doing so abroad. But these institutions, which have hitherto invited patients from this and other states, in order to fill their vacant wards, are now becoming filled with those of their own states, and receive strangers with more hesitation. This difficulty will necessarily increase; and those institutions which are created by, and belong to, their respective states, will, of course, be compelled to confine their admissions to their own citizens, and exclude all others, as ours have done. The others can hardly be expected to receive more of our patients than we shall receive from abroad. Massachusetts, then, must expect to provide for, and take care of, at least as many patients as belong to the state.

"Admitting, however, that many who should be in hospitals will be retained at home, whatever may be the inducements to send them to a hospital, still there can be no question that there is now a necessity of further action; and the time is ripe for a new effort for those lunatic patients who are yet at their homes, to save those who are curable from permanent insanity, and give to the others who cannot be saved such an asylum of protection as their own good and the interests of the state demand.

"Besides these six hundred and ten lunatics and idiots now at their homes, and needing hospital accommodations, the question of selling the hospital at Worcester is proposed by the Legislature to this Commission for consideration. If this sale should be deemed expedient, it would leave three hundred and sixty-four patients to be provided for. The city government of Boston are convinced of the necessity of giving up their present hospital, which is now inconvenient and too small for their wants, and of providing a more ample and satisfactory establishment. The county commissioners of Middlesex are convinced that the receptacle at Cambridge is entirely insufficient and unsatisfactory, and would have provided another if the policy of the state as to the method of supporting the state pauper lunatics were not yet in doubt. But they are certain that some other provision must be made for those insane persons now on their hands. The probability or possibility of changing these three establishments, requiring new provisions to be made for the six hundred and ninety-seven patients now in them, and the wants of six hundred and ten other lunatics and idiots now at home, whom the physicians think should be in some hospital, leaves the whole subject of the distribution of, and providing for, the insane open for consideration.

"GENERAL PLANS FOR THE FUTURE.—In view of this state of things, the Commission deemed that it would be for the interest of the state, and for the advantage of humanity, that the best plan should be devised for distributing and providing for the insane; and for this purpose the wisdom and experience of those engaged in the management and cure of this disease should be sought and made available for the use of Massachusetts.

"Accordingly, letters were addressed to the superintendents of the most successful hospitals in the United States, and to the same, and others familiar with the administration of hospitals and the care of insane, in Great Britain.

"These gentlemen were asked to advise as to the best method of distributing and providing for the insane—whether it were best to provide in one hospital for all classes and kinds of insane persons, male and female, independent and pauper, foreign and native, curable and incurable, innocent and criminal, as is generally done in the United States, or in separate establishments; for the males and for the females; or for the independent and the pauper; or for the foreigners and natives; or for the curable and incurable; or for the criminals, as proposed by Mr. Ley, of the Oxford and Berks Asylum, and sustained by the English Commissioners in Lunacy.

"They were also asked to advise as to the number that, 'regarding the comfort and improvement of the patients,' can properly be accommodated in one institution, and what number in reference to each of the preceding classifications which should be advised.

"They were asked to give their ideas of the best plan of a hospital for lunatics for each of the above classifications.

"These letters were sent to the following superintendents of hospitals:

"Dr. Luther V. Bell, of the McLean, Somerville; Dr. George Chandler, Worcester; Dr. Clement A. Walker, Boston; Dr. George C. S. Choate, Taunton; Dr. Henry M. Harlow, Augusta, Me.; Dr. John E. Tyler, Concord, N. H.; Dr. William H. Rockwell, Brattleboro, Vt.; Dr. Isaac Ray, Providence, R. I.; Dr. John S. Butler, Hartford, Ct.; Dr. John P. Gray, Utica, New York; Dr. N. D. Benedict, late of Utica, N. Y.; Dr. D. Tilden Brown, Bloomingdale, N. Y.; Dr. M. H. Ranney, Blackwell's Island, N. Y. City; Dr. Horace A. Buttolph, Trenton, N. J.; Dr. Joshua Worthington, Friends' Asylum, Frankford, Pa.; Dr. Thomas S. Kirkbride, Philadelphia, Pa.; Dr. John Curwen, Harrisburg, Pa.; Dr. John Fonerden, Baltimore, Md.; Dr. Charles H. Nichols, Washington, D. C.; Dr. Francis Stribbling, Staunton, Western Virginia; Dr. William M. Aul, late of Columbus, Ohio.

"Similar letters of inquiry were sent to England, to Dr. Samuel Gaskell, Superintendent of the Lancaster Lunatic Hospital; Dr. John Thurnam, Wiltshire Asylum, Devizes; Dr. William Ley, Oxford and Berks, Littlemore; Dr. Daniel H. Tuke, York Retreat; Dr. W. A. F. Brown, Crichton Asylum, Dumfries, Scotland; Dr. Forbes Winslow, editor of the *Psychological Journal*, London; Edwin Chadwick, Esq., Secretary of the Poor-Law Commissioners; the Commissioners in Lunacy for Great Britain.

"It is due to the gentlemen to say, that all of those in America whose council was thus asked, except two, and most of those in Europe, answered all the questions proposed to them, and several of them at great length, giving statements and opinions of great value to the work of this Commission, and the purposes of this commonwealth in connection with it. These will be used in course of this Report."

"**SIZE OF A HOSPITAL.**—It is the unanimous opinion of the American Association of Medical Superintendents of Insane Asylums, that not more than two hundred and fifty patients should be gathered into one establishment, and that two hundred is a better number.

Taking the average of the patients that now present themselves in Massachusetts, of whom eighteen per cent. are supposed to be curable, and need active treatment, and eighty-two per cent. incurable, and require, principally, general management and soothing and custodial guardianship, and having due regard to the comfort and improvement of the patients, this limit of two hundred and fifty should not be exceeded.

These gentlemen, individually applied to, concur in the opinion given by the Association; or, if they differ from that rule, it is by assigning a smaller number, on the ground stated by Dr. Luther V. Bell, that it gives "every advantage of that classification of disease, dispositions and manners, which secures the most comfort, and that mutual attrition of mind upon mind which is so beneficial, and which, at the same time, permits one head to acquire and retain that intimate personal knowledge of each case, in all its history and relations, which is so essential to the best application of moral and medical treatment."

"DISADVANTAGES OF LARGE HOSPITALS.—The policy which has built large establishments for the insane is a questionable one as applied to economy. After having built a house sufficiently large, and gathered a sufficient number of patients for their proper classification, and for the employment of a competent corps of officers and attendants, and allowing each to receive just as much attention as his case requires, and providing no more, any increase of numbers will either crowd the house, or create the necessity of building more rooms; and their management must be either at the cost of that attention which is due to others, or create the necessity of employing more persons to superintend and to watch them.

"If the house be crowded beyond the appropriate numbers, or if the needful attention and the healing influences due to each individual are diminished, the restorative process is retarded, and the recovery is rendered more doubtful. And if additional provision, both of accommodations and professional and subsidiary attendance, is made to meet the increase of patients beyond the best standard, it would cost at least as much per head as for the original number. Dr. Kirkbride thinks it would cost more, and that the actual recoveries of the curable, and the comfortable guardianship of the incurable, are not so easily attained in large hospitals as in such as come within the description herein proposed. 'It might be supposed that institutions for a much larger number of patients than has been recommended could be supported at a less relative cost; but this is not found to be the case. There is always more difficulty in superintending details in a very large hospital; there are more sources of waste and loss; improvements are apt to be relatively more costly; and, without great care on the part of the officers, the patients will be less comfortable.'

"Besides the increased cost of maintaining, and the diminished efficiency of a large establishment, there is the strong objection of distance and difficulty of access, which must limit the usefulness of a large hospital in the country, and prevent its diffusing its benefits equally over any considerable extent of territory to whose people it may open its doors."

THE INFLUENCE OF DISTANCE ON THE USE OF HOSPITALS BY THE PEOPLE.—With this Dr. Jarvis is familiar, having examined the subject some years since, in an essay devoted to it. From a careful examination of the number of patients sent from the several counties to all the state hospitals in the United States, which kept and published such a record, and a comparison of these with the average number of people in these counties, through all the recorded periods of the operation of the institutions, it is shown that the ratio of patients to the population sent to the hospital diminish constantly with the increase of distance from it.

“The following table was prepared in 1850. The counties in the several states are divided into classes. The first is the single and central county in which the hospital is situated. The second includes the next circle of counties, and the third class the second circle from the centre, &c. The population of these several classes of counties is taken from the statements of the national census, and calculated to show the average number of people existing in them in each of the years for which the observation was made; and the several columns show the proportion of patients sent to the hospitals, during that period, to the average annual population, or the number of people in each that sent one patient.

NUMBER OF PEOPLE IN VARIOUS DISTRICTS TO EACH PATIENT SENT TO THE LUNATIC HOSPITAL.

HOSPITAL.	Period within which Patients were sent.	Counties or Districts at various Distances from the Hospital.				
		County of Hospital.	Next Dist.	Third Dist.	Fourth Dist.	Fifth Dist.
Augusta, Me. . .	1840 to 1849	263	519	856	..	..
Concord, N. H. . .	1842 to 1849	248	412	900	..	..
Worcester, Mass. .	1833 to 1853	100	176	223	292	..
Providence, R. I. .	1848	406	5,710	..	..	..
Hartford, Conn. .	1844 to 1848	424	705	1,418	..	..
Utica, N. Y. . .	1843 to 1849	361	680	812	1,523	..
Trenton, N. J. . .	1848	1,956	3,077	6,781	..	..
Baltimore, Md. . .	1843 to 1849	500	689	2,680	..	..
Staunton, Va. . .	1828 to 1849	300	420	658	916	1,534
Columbus, O. . .	1839 to 1849	582	994	1,093	1,168	..
Lexington, Ky. . .	1824 to 1842	89	314	625	1,185	1,635
Nashville, Tenn. .	1844 to 1849	349	1,374	3,251	4,529	..

“These facts are taken for various periods in various states; no comparison is, therefore, to be made of one state with another, but only of the different classes of counties in the same state, at different distances from its hospital, in respect to the use which their people make of it.

"This calculation was made in 1850. Want of time prevents the making it for the four subsequent years, except as to Massachusetts; but as this corroborates the previous calculations, and as they all originally agree in this matter, it is presumed that no further facts will be needed to establish the principle.

"The proportion of lunatics which each county in Massachusetts sent to the state hospital at Worcester, from 1833 to 1853, inclusive, shows the effect of the same principle :

RATIO OF PATIENTS SENT TO THE LUNATIC HOSPITAL, WORCESTER, TO THE AVERAGE POPULATION OF EACH COUNTY, DURING TWENTY-ONE YEARS—1833 TO 1853, INCLUSIVE.

COUNTIES.	Calculated average Population twenty-one years.	Number of Patients sent.	Population to one sent.	Population to one lunatic at home and elsewhere in 1854.
Worcester	107,654	1,067	100.8	422
Middlesex	124,384	524	237.3	533
Norfolk	61,779	541	114.1	383
Hampden	42,114	236	178.8	554
Hampshire	32,775	181	181	402
	261,052	1,482	176	475
Franklin	29,814	102	290.5	377
Essex	107,943	535	201.7	396
Bristol	64,833	275	235.7	530
Plymouth	49,977	217	230.4	427
	252,567	1,129	223	427
Berkshire	44,228	144	307.1	446
Nantucket	8,409	30	283.3	686
Dukes	4,111	17	241.8	252
Barnstable	32,854	115	285.6	467
	89,602	306	292	449
Suffolk	110,041	464	237.1	371

"It thus appears that, while Worcester county sent one in 100.8 of its people to the hospital, Hampden sent one in 178.8, Barnstable one in 285, Franklin one in 290, and Berkshire one in 307—showing that, in ratio of its population, the central county, where the hospital is, and to whose people it is the most accessible and is best known, has had nearly three times as much advantage from it as the remote counties.

"The opening of the state hospital at Taunton affords another illustration of the influence of distance. At the end of March, 1854, the

counties of Suffolk, Norfolk, Bristol, Plymouth, Barnstable, Nantucket and Dukes, had two hundred and twenty-five of their patients in the state hospital at Worcester. In April, the hospital at Taunton was opened in the midst of these seven south-eastern counties, and offered to the use of their people. In October they had two hundred and seventy-five patients in both of these public hospitals—showing an increase of fifty, or 22 per cent., within six months, in consequence of the accommodations being brought so much nearer and made so much more accessible to them.

INFLUENCE OF FACILITIES OF TRAVEL ON THE USE OF A HOSPITAL.—Instead of distance, this is supposed to explain the difference in the number sent.

Having received proof from every quarter, and finding no counter-vailing fact or argument, it must be admitted, as an established principle, that a hospital cannot diffuse its advantages equally to the people of a large district. Those in the neighborhood, having convenient access, will use it much; those farther off will use it little, and the distant still less.

"SEPARATE HOSPITALS FOR MALE AND FEMALE.—All the hospitals in the United States are for both sexes. One or two private asylums receive only one of the sexes. In England, all the public hospitals, and a great majority of the private licensed houses, receive both sexes. The two military and naval hospitals, and three private asylums, receive only males, and eighteen private asylums receive only females. All the public hospitals in Scotland and Ireland are open to both sexes.

"Most of the superintendents of American hospitals advise that separate institutions should be prepared for males and for females. Drs. Bell and Chandler, in their late reports, both urge this, and with good reason.

"On the contrary, Dr. Thurnam, of the Wiltshire Asylum, at Devizes, in England, who has devoted much attention to this particular question, says: 'Asylums for the two sexes should be united. The supervision being careful and judicious, there need be no evils which are not insignificant when compared with the disadvantages of the separate plan.*' Dr. Brown, of the asylum at Dumfries, in Scotland, gives the same opinion.†

"Unquestionably there are some advantages to be derived from this separation. Each sex can thus have the peculiarly appropriate accommodations more freely and comfortably arranged; and the administration can be better adapted to the wants and liabilities of either, and be carried on with more ease and success, when they are separated than when they are together in one establishment.

"But all these advantages seem to be more than counterbalanced by the increase of travel made necessary by this separation.

"A hospital for two hundred and fifty of only one sex must draw its patients from double the number of people that would be required to supply it if it contained one hundred and twenty-five of each sex; and

* Letter to the Commissioners. † Ibid.

of course these must be drawn from a much wider extent of territory. It is plain, then, that the obstacle of distance through which the remote patients must be carried will prevent the equal diffusion of the advantages of an institution for one sex in all the rural districts where people are scattered; but in large cities, or in their immediate neighborhood, which supply sufficient patients to fill two hospitals, this objection does not hold. And if separate provision should be made for the state paupers, whom the commonwealth must take care of, and of whom none will be kept back for any of these reasons, the division of the sexes may answer, but not for the great body of the people of Massachusetts.

"SEPARATE HOSPITALS FOR THE CURABLE AND INCURABLE INSANE.—The returns of the physicians and others show that, in their opinion, of the two thousand six hundred and thirty-two insane persons in Massachusetts, four hundred and thirty-five were curable, and two thousand and eighteen incurable.

"The question has been much agitated by those who study these matters, and it was asked of the correspondents of this Commission, whether it were best to provide separate establishments for these two classes; and they all with one accord, and yet separately, answered in the negative.

"The plan now pursued in nearly all the hospitals of this country and elsewhere, of having both classes together, is deemed the best.

"As the curable may vary more from day to day, and are more susceptible of remedial influences, they require more watching and active treatment than the incurable patients; consequently they need more accommodations, and better arrangements, and a greater amount of attention. They are managed with more expense than those who are supposed to be hopeless; and therefore mere economy would suggest that hospitals, with all the appliances and facilities for restoration, be provided for the curable, and that other asylums, with the bare means of custody and occupation, be provided for the incurable. This is done here and elsewhere, to some extent, by sending a part of the old and hopeless cases to the prisons and other places, to make room in the hospital for those whose cases are recent and promising; but this is only the result of necessity, because the curative establishments are not large enough for all.

"There are strong and sufficing objections to this plan of separation: First.—It is difficult to tell when a case becomes incurable, as some are restored even after several years' duration of disease. Dr. Tyler, of Concord, N. H., Hospital, says, 'I do not think it in the power of man to infallibly decide on the curability or incurability of an insane person.' And second.—There is ordinarily an advantage in keeping the two classes together: they have a healthy mutual influence; they aid in each other's purposes of residence in the hospital—the restoration of one, and the discipline and comfort of the other. Many of the incurable patients, with some delusions, are mild and manageable in the wards of these institutions. A part of them have considerable, and some much, intelligence. They are, therefore, not unacceptable companions for the more excitable and recent cases, and aid in controlling them. On the other hand, the incurable, seeing the others come

diseased and go restored, feel that their malady is not hopeless, and, at least, are induced to make some more effort to overcome their delusions and to regain their health.

"Dr. Bell proposes that the lowest class of demented patients, those who lead a mere vegetative life, be removed from the hospitals and provided for in a separate establishment, but not in connection with the prisons; and those who are now sent to the county receptacles and houses of correction, and the state paupers sent to the state almshouses, should be included with the others.

"**SOCIAL DISTINCTIONS IN HOSPITALS.**—As, in the treatment of bodily disorder, the physician recognizes and sustains all those parts of the constitution and system that are in good health, and endeavors to extend their strength through the disordered parts, and overcome the disease, so in the treatment of insanity it is necessary to have regard to all the powers, faculties and feelings which are yet sound, and use their aid to restore the disordered elements to health. Therefore the manager of the insane carefully respects their habits and opinions, their inclinations and associations, so far as they are healthy and do not interfere with the restoration; and all of these which are correct are to be disturbed as little as possible.

"Hence it is desirable that the patient, as far as is consistent with the management of his malady, either for its removal or its amelioration, should live in a style similar to that which he properly enjoyed when he was in health; he should also have associates corresponding to his former habits and tastes; and in all things he should not be required, in course of his treatment, to submit to any new and needless disturbance, disappointment or mortification.

"**SEPARATE HOSPITALS FOR THE INDEPENDENT AND PAUPER.**—All the state hospitals in the United States open their doors for both the independent and pauper, and these meet together in the same wards. A few of the corporate institutions—those at Somerville, Bloomingdale, N. Y., and Philadelphia—provide elegant and expensive accommodations for the more prosperous classes, and charge a price nearly in relation to the cost. This, of course, excludes the paupers; for, with an occasional exception, none of them go to these institutions. But in all the hospitals in Massachusetts, except the McLean, the paupers constitute a majority (83 per cent.) of the whole. Some of our native town paupers have been in comfortable circumstances, and used to some of the refinements of social and domestic life. Some of the insane paupers belong to independent families. Among the native population of Massachusetts there is such an imperceptible gradation from the higher and more favored classes, through all the ranks, down to those who are supported by their towns—the last including some that are cultivated and intelligent—that it is not easy to draw a line between them, nor is it well to try to separate them in our state hospitals. With one partial exception, this proposition finds no favor with any of our superintendents.

"But in England this separation is advised by the Commissioners in Lunacy, and by others who are concerned in the care of the insane and are received as authority in these matters; and this is the general practice there. Of the county and borough asylums, twenty-five

received paupers only, and twelve both classes. Of the corporate hospitals, ten take private or independent patients only, and four both classes; and of the licensed private houses, one hundred and six receive independent patients only, one paupers only, and twenty-three admit all classes.

"The origin, character and position of the state paupers of Massachusetts differ very materially from those of the town paupers. Of the seven hundred and thirty-seven lunatics and idiots supported by the commonwealth, five hundred and seventy-three are natives of other countries; and a large part of the remaining one hundred and sixty-four are natives of other states, and some are colored persons. These are not only now supported by the public treasury, but they never, even in health, had sufficient ambition, or energy, or command of circumstances to own the requisite amount of property, or pay the necessary tax, or reside long enough in one place to gain a residence, and thereby establish a claim upon the people of any local municipality for their support, as the more cultivated and favored town paupers have done.

"Looking, then, at the good of the patients, there seems to be reason for separating the state pauper insane from the others in Massachusetts, and of making distinct provision for their healing and their protection."

CRIMINAL LUNATICS.—*These should be kept separate from other lunatics*; yet the law and the custom, both in Great Britain and in Massachusetts, require the guiltless and the criminal lunatics to be brought together in the same hospital; for, in the present state of things, there is no other way.

There are not enough criminal patients in Massachusetts to fill an institution; and, in the present state of things, it is not proposed to change the policy respecting them.

"Yet, if the state paupers should be provided for in a separate establishment, it should include strong and suitable wards for the criminal insane, where they could be securely kept by themselves, and where they will do less injury to the innocent patients, whose sensibilities are less tender than those of the more cultivated.

"*POLICY OF THE STATE IN PROVIDING FOR THE INSANE.*—Of the two thousand six hundred and thirty-two insane persons belonging to Massachusetts, sixteen hundred and seventy are now provided for, either in the four hospitals and the private institutions within the state, five hospitals in the neighboring states, two county receptacles, eight prisons, or three state alms-houses.

"The general plan of hospitals for all patients, the curable and incurable, the mild, troublesome, and the dangerous, seems to the commissioners to be the best for their comfort and improvement, as well as a matter of economy. For a great majority of the recent and curable cases there will be no question that, in the present state of science, the hospital offers the surest means of restoration to health.

"The question still remains as to the means of providing for the old and incurable patients. Excepting the hospitals, all establishments now

open to the insane, under sanction of the law or the authorities of the commonwealth, fail of their purposes, and are therefore objectionable.

"The law of 1836, requiring the counties to provide suitable apartments in the houses of correction for the insane and idiotic persons not furiously mad, was an improvement upon the previous state of things. It offered a home to part of the insane who were strolling as vagabonds over the country, the objects of aversion and of derision to the thoughtless, and of fear to the timid. It also ordered suitable apartments to be prepared for such others as had been hitherto confined in the common rooms built for felons.

"It was supposed to be the complement of the law regulating the admission into the state lunatic hospital, to which the courts were authorized to send only such as were 'so furiously mad as to render it manifestly dangerous to the peace and safety of the community that they should be at large.' The law then intended to provide, for the furiously mad at the state hospital, and for those who were "not furiously mad" in the county receptacles. It was intended, also, that these institutions should be in each county, and that every district should find its own means of protecting these helpless patients, and that they should be within the reach of all who needed them.

"An inquiry into the history of the past in reference to the operation of this law, and consultation with those who have executed it, and a careful examination of the houses of correction, with their accommodations for the insane and idiots, show that in eleven counties it has been a dead letter and entirely inoperative, and in all the counties it has failed to answer its purpose.

"These eleven counties have not fulfilled the first section of the law, and provided suitable apartments for these lunatics. Nor are any of their lunatics now in any apartment within the precincts of the house of correction, under the authority of the second section of the law, except in Norfolk, Bristol, Barnstable and Plymouth. Their other patients, if removed from home, are sent to the hospitals, and they are relieved of the responsibility for and care of them.

"On the other hand, the counties of Suffolk, Essex and Middlesex assume the responsibility and the expense of providing accommodations for all such of their insane as may be sent to them through the several processes of law. All of these patients undoubtedly are found in, and are presumed to belong to, one or the other of these counties. Many of them have families or friends there, and consequently better claim for home there than elsewhere. But some of them lead vagabond lives; they float on the whirlpool of society until they are carried into the vortex of the cities, where they fall into the hands of the police, and then are committed by the magistrates to the places provided for them. In this way nearly all of the state pauper lunatics, whom the law of 1836 is made to reach, and who are not in the state hospitals, find their way sooner or later into these houses of refuge in these three counties.

"The law operates, therefore, very unequally; for, while eleven counties are relieved from any investment of capital for its fulfillment, and from all expenditure except their share of the general tax for the board of their patients, the whole burden of providing buildings and grounds, and paying the excess of the cost of their maintenance, over and above the sum allowed by the state for this purpose, falls upon these three counties.

"Besides this unequal distribution of the burden of this law in its practical operation, there are other and still more important considerations in respect to the patients themselves, and to the penal institutions with which this law connects them.

"From these personal examinations of all the receptacles and prisons which are open for the insane and idiots under the law of 1836, from the universal evidence and opinions of so many competent witnesses, and from the reasons which have been presented, the Commission believe,—

"1. That the system proposed by that law for the management and treatment of lunatics has not been successful.

"2. That it is wrong to connect insanity with crime, lunatics with criminals, or asylums with prisons.

"3. That this connection is injurious to the patients and the convicts; and neither can be managed so well, nor the purposes of confinement so completely obtained, for either class, when in the same, as they can be in separate establishments.

"4. That it is not good economy for the state to deprive its insane wards of those means of healing that would restore the curable, nor of those best disciplinary influences that would keep the others in the most quiet and comfortable condition.

"5. That the state should provide a suitable establishment for its own pauper lunatics, and especially for such as are now in the houses of correction and the receptacles or hospitals connected with them, and also for the criminal lunatics.

"6. That this establishment should be put under the care and supervision of responsible medical and other officers, who will understand and be able to meet and to manage all the various phases of mental derangement."

The same objections apply to state alms-houses, as receptacles for lunatics.

As to the remaining subject of inquiry, viz., the condition of the hospital at Worcester.—This is rather a local matter, and we refrain from noticing it in particular, farther than to say that the Commissioners are of opinion that it needs many repairs and improvements, if not rebuilding.

"WANTS OF THE INSANE, AND PROPOSED MEANS OF RELIEF.—Here, in this stage of the progress, is an opportunity for the commonwealth to look the whole matter in the face, see the full amount of the burden of insanity and dangerous idiocy resting upon her and her people, and measure the extent of the sacrifice she and they must make for their cure, for their custody and guardianship, and for the public safety. The call is a great one, and the means of relief are correspondingly great; but the burden is made none the less by keeping it out of sight, and the cost is not lessened by paying it indirectly.

"It is well, then, to look to the future as well as the present, and lay such a plan for the administration of insanity as will meet all the demands of those who suffer from it, and such as will be the best for the interests of the commonwealth.

"There are six hundred and ten lunatics and idiots who need, but have not, the advantages of a hospital for their cure or their protection.

"Two hundred and five of these are said to be curable. Ninety are said to be violent and furious. Four hundred and eight are excitable and troublesome.

"Besides these, who are at their homes, there are those who exceed the due numbers in the hospitals at Worcester, Taunton and Boston.

"For all of these some provision is to be made; and they demand the first attention of the state.

"Without supposing that all of these would be sent to a hospital, even if it were offered to them, yet, judging by the past, seeing how soon every new institution for the insane in this and other states has been filled, there can be no doubt that another in Massachusetts would be immediately occupied.

"**PLAN OF FURTHER CARE OF THE INSANE.**—In view of the present and future wants of the insane in Massachusetts, the Commissioners recommend:

"1. That a new hospital be now erected, in order to accommodate those who are not yet in any such institution, and especially the curable and furious patients.

"2. That the consideration of the sale of the hospital at Worcester be postponed until the third hospital shall be ready for occupancy, and then, if deemed expedient by the legislature, be sold, and another erected in its stead within the city of Worcester.

"3. That the legislature take into consideration the plan of providing for the state pauper lunatics in a separate hospital, suitable to their condition and wants, where the curable may be restored, and the incurable be properly and comfortably kept.

"4. That the law of 1836, ordering the creation of county receptacles, be then repealed, and the counties be relieved of the responsibility of providing for the wants of the state.

"5. That all the laws in respect to insanity and hospitals be revised, and reduced to a code more suitable to the wants and the practice of the times.

"**NEW HOSPITAL LOCATION.**—Having come to the conclusion that the state should build a third hospital, the Commission examined the returns from the several towns, and those from all the asylums; and comparing the numbers of the insane who were in need of such an institution in the various sections of the commonwealth, they became convinced that, for statistical as well as for geographical reasons, it should be placed in the western part of the state. For convenience of the people who are to use it, it should be one of the great thoroughfares, as the Western or the Connecticut River Railroad, in a place the most accessible to the whole body of the population of those four counties.

"It should be near to some large town or village, where provisions, mechanics, and other aids could be obtained, if needed, and near to a railroad station—certainly not over two miles from it.

"**SITE AND LAND.**—If possible, there should not be less than two hundred and fifty acres of land—certainly not less than two hundred—all in one body, unbroken and undisturbed by any road, or streets, or im-

passable stream, so that the patients may obtain all kinds of exercise within their own inclosure, and so that the whole may be constantly under the eye and the control of the officers and attendants.

"The ground should be high, and susceptible of drainage; and the soil porous, to absorb the surface water. There should be an unfailing supply of pure, soft water, to the amount of not less than ten thousand gallons a day in the driest season. It is better that this should be spring water, running directly from the earth, than surface water, whether in running streams or in ponds.

"**SIZE AND PLAN.**—The hospital should be built for not over two hundred and fifty patients; though one for two hundred would be probably more advantageous to its great purpose, the healing and the management of insanity, and consequently more profitable to the state.

"By the kindness of several of the superintendents of hospitals in the United States, this Commission have received many plans of asylums which they have designed for this purpose. They have also received some from England. These all have high merit; and probably each one would be found convenient and useful, and satisfactory for its purpose.

"A very admirable plan of the lunatic hospital of Wiltshire, at Devizes, in England, was sent by its author, the able and learned Dr. John Thurnam, who originally designed, and now superintends the establishment. Mr. Chadwick and the Commission in Lunacy both write that great improvements have been made in Great Britain in the management and the construction of hospitals for the insane, and they offer any further aid that may be needed to secure for Massachusetts the best plan that the present time has produced."

We conclude, as we have commenced, by expressing our sense of the great value of this Report.

T. R. B.

ARTICLE VI.

NOTES ON THE VENTILATION OF THE STATE LUNATIC ASYLUM AT UTICA, N. Y.

It is known to many of the readers of the *Journal* that, during the last two years, the southern or female wing of the Utica Asylum has undergone extensive alterations, preparatory to the introduction of steam warming apparatus, and machinery for ventilation by mechanical means. The arrangements for warming were partially completed during the winter of 1853-4, and experimentally tested through the coldest months. The results obtained from a system of warming chambers, air-ducts and flues, essentially like those in other institu-

tions, and peculiar only in their completeness, possess no other interest than as furnishing corroborative evidence of the inefficiency of any system in which either warmth or ventilation are made to depend upon the unassisted action of the warm air flues.

In June, 1854, the ventilating machinery was completed and set at work. During the fifteen months which have since elapsed, the plans thus carried out, in the main in accordance with the original design of the Managers and the gentlemen who advised them, have been practically tested under every contingency of weather belonging to our climate, and through the greatest range of temperature ever observed in this locality. Further experience may render the routine of management more familiar, and gradually lead to methodical habits of observation, and furnish hereafter more exact data in reference to the air supply, its temperature, the effect of various quantities upon the health and behavior of the patients, the cost of warming air, of supplying it, etc. Nevertheless, it will not be premature to say now, that every important question connected with the ventilation and warming of these premises has been practically solved, and to satisfy the numerous inquiries of our professional friends by a brief description of the buildings and appliances, and a statement of results.

The south wing of the Asylum—an exact duplicate of the north wing—has a total length of four hundred and fifty feet, an average width of forty-three feet, and is three stories high. The arrangements for ventilation and warming include also the main or centre building, one hundred and twenty feet by sixty-five, and four stories high. The wing is appropriated to patients, the centre building to executive purposes. The internal capacity of the two is equal to about three hundred thousand cubic feet. The basement story is divided longitudinally into three parts, one of which serves as a passage, another for the warming chambers containing the steam-pipes, and the third for the ventilating or air-duct. The warming chambers are nearly continuous under the wing, but divided and separated under the centre building. Their average width is five feet. From the extremity of the wing the air-duct is carried under ground to the engine-house, from which point the air traverses a distance of some five hundred and fifty feet to reach the centre building. The vertical inlet flues in the wing, twelve inches square, extend from the top of the warming chambers in the basement story to the halls and rooms in the three stories, which they enter, with few exceptions, near the ceiling, at intervals of ten feet. The outlet are greater in number than the inlet flues, and somewhat smaller; they leave the halls and rooms near the floors and terminate in the attic in a main foul air duct, which extends

the whole length of the building, and discharges itself vertically under the observatory tower. The ventilation of the rooms and halls, therefore, is *downward*.

Between the main air-duct and the warming chambers, and near the floor, are numerous openings, which are closed or adjusted by wooden valves. It will thus be seen that the ventilation is carried on irrespective of warming, through the main air-duct, the warming chambers, the inlet and outlet flues, and the foul air duct.

The heating surface in the warming chambers consists of wrought-iron steam-pipes, of one inch internal diameter, arranged continuously, and without separation for the different stories. To facilitate the adjustment of the steam supply, and adapt it to the varying requirements of external temperature, the steam-pipes are divided horizontally into three independent series, either of which may be operated or shut off at pleasure. The aggregate amount of heating surface under the wing is twelve thousand square feet, and under the centre building two thousand feet. In the wing about fifty cubic feet of space are warmed by one square foot of surface. In the centre building there is no constant relation between space warmed and surface employed, in consequence of the ever-varying wants of the occupants.

The steam-boilers are placed outside of the asylum court-yard, seventy feet distant from the extreme end of the wing; they are two in number, each eight feet in diameter and thirty feet long, with interior fire-places and drop or descending flues. The total amount of surface exposed to the fire is three thousand square feet. The main steam and return pipes, connecting the boilers with the pipes in the warming chambers, are carried under ground some hundreds of feet.

The boiler-house is a capacious building, of two stories, inclosing an engine and pump-room, with tanks for heating bath water, a wash-house with washing and wringing machinery, rooms for drying, ironing and storing, and, finally, the *ventilating* or *fan-room*. These details are referred to merely because they are accessories to the economy of the motive power employed in ventilation, and it is important to state, that, while the engine is working at its maximum rate for summer supply, the escaping steam, which would otherwise be wasted, is usefully employed in one or more of these departments. It follows, therefore, that ventilation may be carried on mechanically, without involving any considerable loss of heat or consumption of fuel.

The ventilating machine is an ordinary, or, we should rather say, an extraordinary fan, similar in appearance to the fans commonly employed in steam-boats and foundries, but free from the anatomical infirmities which are too often inflicted upon this class of machines.

rendering them both noisy and inefficient. The "running part" of the machine, to speak technically, consists of a shaft of four inches diameter, turning in long bearings of soft metal, and driven by a pulley four feet in diameter, twelve pairs of wrought-iron arms, seven feet long, and twelve wind-boards, with a radial width of three feet and an axial length of seven feet; the circumferential path of the extremities of the boards is consequently about forty-four feet. The arms are enclosed in a wooden casing, the rim or circumference of which describes a spiral curve commencing twelve inches and ending forty-eight inches from the outer edges of the boards, and forming an air-channel outside of the boards, the capacity of which is constantly increasing towards the outlet, where it attains a sectional area of delivery of thirty-eight square feet, which is the minimum size of the main air-duct. The openings round the shaft, through which air is admitted to the fan, are six feet in diameter, making the sectional opening for supply equal to fifty-six square feet. It is well to mention, that the dimensions of these air-passages, which were restricted by local obstacles, might be advantageously increased to double their present capacity.

When turning at the highest speed at which the engine is capable of driving it, the fan makes no noise or vibration; the only perceptible sound is that of the air current rushing to the central openings.

It will be readily perceived by those who have considered the subject, that no great refinement of form has entered into the construction of this machine, especially as regards the rectangular shape of the boards. Viewed as a practical question, however, it may be doubted whether a higher degree of elaboration in a machine, working at the low velocities required for ventilation, would be productive of any adequate advantage.

The steam-engine which gives motion to the fan is nominally of thirty horse power. It is designed to turn a fan of similar dimensions for the north wing, and to furnish motive power, of which there will be a large surplus, for various farming, mechanical and domestic purposes.

We have no space for further details, and must close our notes with such facts as the *modus operandi* has developed, and a few hints to those who are interested in the ventilation of asylums.

Experiments have been made to ascertain the quantity of air delivered by the fan, without the aid of rarified currents in the vertical flues. At the maximum summer rate of seventy revolutions per minute, it was found to be not less than seventy thousand feet per minute, or one thousand feet for each revolution. Two or three modes of measurement were employed, which were sufficiently corroborative to prove, if not the actual, at least the minimum quantity of air passing through the duct, and there was no hesitation in placing this minimum above the

figures before mentioned. At lower velocities the quantities of air delivered are relatively higher.

It was at first intended to give to each patient and person in the asylum the largest quantity of air which the extreme views of scientific men had prescribed as necessary, or even desirable, under any circumstances; this was found to be sixty feet per minute.* The average number of persons in one wing and one half of the centre building is about two hundred and seventy-five, requiring, at the foregoing rate, sixteen thousand five hundred feet per minute. Upon further reflection it was perceived, that, beyond the question of supplying the actual necessities of the animal economy, or the peculiar necessities of insane patients, there were considerations which seemed to have been hitherto neglected—at least so far as they grow out of the specialties of our climate. Air-warming is an expensive process, and our winter standard has become our normal standard, or, we might more truly say, it is far above our average, since our best examples of ventilation, hitherto, have been those in which the motor has been a rarified shaft, and in which, consequently, the summer ventilation has been least effective. Air-moving is comparatively a cheap process, if carried on judiciously by mechanical means. In hot and sultry weather the sensation of air in motion is refreshing and salutary, and especially so to those who, from misfortune or disease, are compelled to live within doors. The odor peculiar to insane patients and asylums, and painfully present in the best-ventilated institutions which the Managers and their associates had the privilege of visiting, might, it appeared to them, be dissipated by dilution with *some* quantity of fresh air, and a quantity, perhaps, quite within the reach of well-known ventilating machines and of a just economy. In case of the prevalence of certain diseases, the value of powerful and reliable air-currents in arresting contagion could scarcely be over-estimated, and a special provision against this by no means remote contingency would be justifiable. Upon these and other considerations, it was decided to construct the works upon the present enlarged scale.

We have remarked that our largest quantity of air in summer is seventy thousand feet per minute, and when we add that it is obtained with an outlay of less than nine-horse power and a trifling amount of fuel, it cannot be doubted that this is the cheapest of all our luxuries. The approach of winter, however, imposes a tariff upon this commodity, and, after such *profuse* indulgence, we feel an air tax to be more onerous than a water tax. We find that to raise the temperature of two and a half tons of air per minute only a few degrees, is a matter of graver

* Doctor Reid, in the British House of Commons.

consequence than to move it a few hundred feet. During the winter of 1854-5 the speed of the fan was gradually reduced until the mercury fell to twenty-six degrees below zero, when about thirty thousand feet of air per minute were warmed to 130° Fahr. At this extreme point the average temperature in the wing was 70°.

It is scarcely necessary to say that, under the plus or plenum action of the fan, the air currents are at all times under perfect control, without regard to temperature. No length of flue, or distance from the fan, or difference of altitude, has prevented a free and positive discharge through every outlet in the building.

It has not been found important to regard the opening and closing of windows, except during the prevalence of high winds. No restriction has been imposed on the patients or attendants, and it has seemed to be a matter of little moment whether the large volumes of air entering the rooms and halls were allowed to escape through open windows or through the flues provided for that purpose.

The fan has hitherto been kept in motion about eighteen hours per day. More recently the experiment has been tried of working through the whole twenty-four hours, and, from the good effects observable, this practice will probably be continued.

The cost of warming a building of this magnitude is a large item in its current expenses, however effective its mode, or restricted the supply of air; and it is obviously enhanced when special arrangements are made to eject large quantities of air, from which the invested heat cannot by any practical device be separated. We no longer seek, like the proprietor of a New England cotton mill, to find the extreme limit of economical warming. The question is, How much air shall be warmed?—a question upon which the Managers have not yet come to any definite conclusion.

Upon the whole, the system may be said to have so far answered the expectations of its projectors that no further alterations or improvements are contemplated. It may be expected, however, that we should state how far, in our judgment, it should serve as a model in other institutions, and to what extent it may be advantageously modified.

We should, first of all, propose to place the heating-pipes in a single detached and compact chamber between the fan and the air-duct, and make a special business of warming all the air at one point before proceeding with its distribution. We would proceed consecutively—first, the forcing; second, the warming; third, the carrying. The idea of building a detached chamber did not occur to the Managers until they learned that the experiment had been well tried in England, and were also informed by Mr. Joseph Nason, the engineer who constructed

these works, that he had successfully ventilated and warmed a large building in this country, many years ago, by the same process. The advanced state of the work at the time the subject was brought to their notice did not allow them to entertain the question of making such a radical change in their plans as a detached heating-chamber would have involved. Their conclusions had been formed after much study and consultation with the best authorities, and their soundness was not impeached by the discovery that one more step had been taken in the same direction.

Since we are inclined to endorse the "separate" system, we ought to say that we do so upon examination of the plans which Mr. Nason has proposed for carrying it out in several buildings of considerable magnitude. So far as we can learn, the works of this character have been hitherto upon a moderate scale, and have excited little attention; and we imagine that the multiplication and extension of ducts and flues to be filled with warm air has been avoided, from an apprehension that the air, during its long journey, would suffer too great a loss of heat. This brings us at once to the all-important question, whether tubes for the transmission of warm air to distant points can be constructed in any way within the range of feasibility, so as to render the loss of heat equal or inferior to that sustained under the ordinary system, where the steam-pipes are placed immediately under the rooms which are to be warmed; and we are free to say, that the doubts which we at first entertained have all been removed. The means proposed by Mr. Nason for accomplishing this end appear to have been the result of long and careful study, and to promise entire success. In a subsequent number of the *Journal* we hope to resume this interesting inquiry, and to give in detail his plans for ventilating and warming the Michigan Asylum for the Insane, which was commenced last year, and is now in progress. This may be taken as an extreme case of transmitted heat, as the steam-pipes are to be placed in the boiler-house, at some distance from the buildings, and the air is to be conveyed in an underground tunnel. In this, as in other instances of separated chambers, the whole arrangement is characterized by extreme simplicity; the two distinct operations of ventilating and warming are brought into the most favorable relations to each other, and we may expect, ere long, to see air and warmth, in any required proportions, supplied with as much certainty and uniformity as gas for lighting.

We are glad to know that the views here rather freely expressed are sustained by no less authority than Captain M. C. Meigs, the highly educated engineer in charge of the Capitol Extension at Washington, who is preparing, with the assistance of Mr. Nason, to ventilate the

two Halls of Congress with fans of great power, and is now engaged in preliminary experiments, which have hitherto been wanting, to determine the best form and proportions for these machines.

We add to our memoranda, that arrangements are in progress for steam-warming, with fan-ventilation, at the North Carolina Asylum for the Insane at Raleigh, the Tennessee Asylum for the Insane at Nashville, and the new Asylum for the Deaf and Dumb in the city of New York. These works are also in the hands of Mr. Nason.

We believe, also, that an analogous system of forced ventilation is to be applied to the Insane Asylum at Worcester, Mass., but the particulars have not reached us.

The subject, to conclude, has been taken up in various quarters in a spirited and liberal manner. Educated, practical men have made it a specialty, and our European authorities will soon be overweighed by the experience acquired in our own climate.

ARTICLE VII.

BIBLIOGRAPHICAL.

REPORTS OF FOREIGN ASYLUMS.

1. *Report of the Committee of Visitors, and Fourth Annual Report of the Medical Superintendent of the Asylum for the Insane Poor of the County of Wills.* Devizes, 1855.

The Committee of Visitors report that, during the past year forty-eight males and seventy-two females have been admitted, and that the total number under treatment is two hundred and eighty-nine, one hundred and twenty-eight males and one hundred and sixty-one females. Sixteen males and thirty-five females have been discharged as recovered, and three males and two females relieved. One male has been removed to another asylum; nineteen women and ten men have died during the year, but no epidemic or serious disease prevailed.

"It is satisfactory to state, that mechanical restraint has not been resorted to, and that the patients have been generally orderly and tranquil. Between forty and fifty have been daily employed upon the farm."

The Medical Superintendent, John Thurnam, M. D., in his report, observes :

" Among the cases admitted were a few which, though certified in the usual form, could not be regarded as *bona fide* examples of insanity. Of these, two or three were cases of senile imbecility, popularly known as mental superannuation ; one or two were cases of the delirium of fever, and one was an example of delirium tremens. In a different rank of life, the idea of sending such cases to a lunatic asylum would not even be entertained, and a doubt must be allowed as to the propriety of such a practice in the case of the poor. In one instance, that of a respectable female servant, who became delirious under an attack of fever, all required for her treatment was such careful nursing as she might have had in any private house, or properly regulated infirmary. The Superintendent is of opinion that the precipitate removal to the asylum of such cases as these is an evil which ought to be guarded against by relieving officers and those whose duty it is to sign the orders and certificates for their admission. As regards delirium tremens, a disease which, under appropriate treatment, is generally susceptible of cure in a few days, the Commissioners in Lunacy have expressed their opinion, that this malady 'alone does not constitute a sufficient ground for confinement in an asylum : ' and there can be no doubt that it is even less contemplated by the law that cases of fever, attended by temporary delirium, should be sent to an asylum for the insane. In the case of delirium tremens above referred to, the 'facts' alleged in the medical certificate as 'indicative of insanity' are, that the patient 'fancied that he saw rats and birds on his bed, and was seen to attempt to get through an imaginary aperture.' Every practical physician is aware that these are the very symptoms which are characteristic of delirium tremens."

" The general health has, for the most part, been good ; and it must be thankfully recorded that, during the prevalence of epidemic cholera in the last summer, the establishment, unlike some other asylums, has been exempt from any visitation of that disease, which, indeed, has prevailed but slightly in this county. With the exception of some additional attention to the means of cleanliness and ventilation, the only precautionary measure which the Medical Superintendent thought needful was a slight modification of the dietary for the patients. This consisted in the substitution, for the pease soup, forming the usual dinner once in the week, of a plain white soup, made from the liquor in which the mutton for the previous day's dinner had been boiled, with milk, flour, onions, pepper and salt. This formed a very palatable and savory food, at once wholesome and free from some objections to which pease soup is liable. At the commencement of the winter, and since cholera and diarrhoea have ceased to prevail, the ordinary dietary has been resumed. During the hot weather, cases of slight diarrhoea frequently occurred ; but the disorder was, in every instance, speedily relieved by appropriate treatment. Rheumatic and bronchial affections have been somewhat prevalent. Boils and severer forms of furuncular inflammation have, through the greater part of the year, appeared among the patients—to whom, indeed, these affections, which seem to have assumed an almost epidemic character, have not been confined. In one case the disorder assumed the form of carbuncle, and being complicated with inflammation of the lungs, proved fatal in a few days.

These forms of disease have been common throughout the country; and, from a recent 'Summary' by the Registrar-General for London, we learn that 'carbuncle began to prevail in 1847, and although it is rarely fatal, the deaths from it in a year have increased from five or six to fifty, seventy, and, in 1854, to ninety-one.'

"During the year the mortality has been at the rate of 10.52 per cent., which is rather less than the mean rate from the opening of the Asylum. The mortality among the males has been much lower, that among the females much higher, than usual; the ordinary rule in this respect having been reversed.

MEAN ANNUAL MORTALITY.	MALES.	FEMALES.	BOTH SEXES.
For the year 1854	8.28	12.27	10.52
For 34 years—1851-4 . . .	12.77	8.77	10.57

"Among the deaths were a few cases, from inflammation of the lungs, chiefly in the aged, and in persons laboring under protracted insanity. Generally speaking, however, the causes of death were diseases offering but little prospect of recovery. Seven of the whole number were from seventy to eighty years of age and upwards. Two patients died within twelve and fifteen days, and one female within two days, of admission. In this last case, as in several others which have previously been brought to the asylum, the patient was dying from exhaustion when admitted. In cases like these, and under circumstances so hopeless, it is matter of regret that patients could not be spared the risk and suffering of a journey to the asylum, by which their last days may be shortened and perhaps embittered. Were the infirmaries of the union work-houses better organized, and provided with one or more experienced nurses, as they might be at no great cost, the charge to the unions, in such cases, as well as in others previously referred to, might be lessened; and the asylum spared the necessity of admitting cases, the only result of which is to swell the table of mortality."

The manufacture of lace has been introduced into the asylum, and two or three thus occupied produced, in a short time, about sixty yards. Though not yet remunerative, it has proved a pleasant mode of employment. The other departments of labor, from the tables appended to the report, seem to have been usually successful in their operation.

The means of recreation adopted have been varied and interesting.

"In addition to frequent parade with the band of music, as heretofore described, in which a large proportion of the male patients unite, they have, on a few occasions, been taken long walks in the country, much to their gratification and advantage. In three instances tea parties have been given: two of these took place in the open air, under the shade of the plantation, and were much enjoyed by the large numbers who participated in them. On these occasions a few small balloons were sent up, the services of the band were called largely into requisition, and those who could sing readily contributed their share to the amusement of their companions. Dancing, we believe, seldom forms a part of the ordinary amusements of the reputable poor of Wiltshire; and

the Medical Superintendent entertains considerable doubt as to the propriety of its formal introduction into asylums for the poor, at least in this part of England. In the asylums of the Metropolis, and of Ireland, the case, no doubt, may be different. In accordance with these views, dancing forms no part of the prearranged plan for the evening's amusement: still, under the influence of the music, some are generally ready to join in the dance, which a few of the more lively of their companions almost involuntarily commence. In contemplating the cheerful and contented group, one is ready to exclaim with a poetical friend,—

“Are these, then, those turbulent souls whom rage and demoniac fury
Urge with an impulse dire, as though sprung from the madness of Satan?
Ah no! let us soften with love the harshness of words breathing terror;
Restored to humanity's rank, let us hail them once more as our fellows!”*

In speaking of the qualifications of attendants and subordinates, Dr. Thurnam remarks:

“In carrying out satisfactorily the important objects of a large asylum for the insane, much must necessarily depend on the character and fitness of those employed, whether as officers, attendants or servants. A certain, and by no means low, standard of intellectual vigor and ability is to be desired in all who have the charge of, or come in contact with, the insane. Such endowments, however, are not the most indispensable. Method, punctuality and a steady application to business must be considered as decidedly to be preferred to remarkable talent or energy of character, where all these are not happily combined in the same individual. In the ordinary relations of life these every-day virtues are of more genuine value than more striking and brilliant qualities; and this is especially the case in connection with insanity, as persons afflicted with it absolutely need a regular and systematic course of treatment. In their immediate attendants are required vigilance and discretion, firmness tempered by kindness, and, above all, the patient discharge of duties which may often be trying to the feelings.”

II. *The Report of the Committee of Visitors, and Medical Superintendent of the Devon County Lunatic Asylum.* Exeter, 1855.

Dr. John Charles Bucknill, with whose name, both as an author, and editor of the recently established *ASYLUM JOURNAL*, our readers are familiar, continues in medical charge of this successful institution. The Visitors, in their report, are enabled to present a favorable account of the general health and good condition of the asylum committed to their care.

* “From lines written on the occasion of a fête at the asylum at Meerem-berg, near Haarlem. From the Dutch of Dr. D. H. Van Leeuwen.—*Psychological Journal*, July, 1854.”

The average number of patients under treatment during the year has been four hundred and fifty-one. One hundred and thirty-three have been admitted, fifty-two discharged, and forty-nine have died, leaving the number resident at the close of the year four hundred and seventy-six.

We make the following lengthy extract from Dr. Bucknill's able report—not that any apparent misapprehension, existent here, in regard to the relations between the so-called “moral” and “medical” systems, would seem to require it, but because it embraces a concise and practical account of the present care and treatment of the insane in well-conducted asylums, which, to the general reader especially, will be very interesting.

“During the past year the same general system of treatment has been pursued which, for many years, has in this institution been attended with satisfactory results: a system under which a large proportion of recent cases have recovered—a proportion probably as large as that which rewards the physician in the treatment of serious diseases of any vital organ—and under which the accumulation of chronic mental invalids, for whom the hope of cure is futile, are maintained in a considerable degree of mental tranquillity, bodily comfort and general happiness.

“When a patient is first admitted, suffering under an acute form of insanity, the treatment is principally medical. He is, indeed, addressed in a kind and soothing manner; if he is violent, care is taken to withdraw from him sources of irritation, and his excited and angry feelings are generally found to calm themselves when opposed by patience and good temper; if he is distressed, he is comforted; if he is suicidal, he is cheered and watched; in fact, he is treated with the kindness and consideration most likely to soothe a sane person under the dominion of strong emotion. But it would be incorrect to assert that such behavior exerts any considerable influence in arresting the progress of the disease in its acute stages; it must be withstood at that time by active medical treatment. Insanity is a disease of the brain: and although, under kind and gentle management, the diseased processes are far more likely to cease spontaneously than under the harshness and cruelties formerly practiced, still no physician who has faith in his science can withhold the potent means at his command. In the early stages of insanity the most prominent and important symptom is loss of sleep, occasioned, without doubt, by morbid processes going on in the brain. If sound and refreshing sleep can be procured at an early period, in a case of recent insanity, a speedy recovery may be anticipated; but if wakefulness is continued for a long period, recovery will certainly be postponed, and the patient will run great risk of passing into a state of incurable mental infirmity. It may be possible that moral influences have more power in controlling the excited action of the brain than that of any other vital organ—than palpitation of the heart, for instance, or irritability of the stomach: but they have not so much power in the acute and recent forms of cerebral disease that they can be trusted alone, without the vigorous aid of medicines, baths, diet,

and the various other means especially at the command of the physician. In the earliest stages of sudden, acute and complicated cases of insanity, medical treatment is, perhaps, not less efficacious than in acute diseases of the lungs or heart; and the physician, who, under such circumstances, neglects the active employment of medicines, can have little confidence in his professional resources. Such opportunities of treatment are, unfortunately, of rare occurrence. In many cases the development of insanity is gradual and progressive, presenting no acute period; in many other cases the acute period is, from various causes, allowed to pass by without the employment of suitable remedies: and in these chronic cases, or the chronic stages of cases originally acute, (which together embrace the vast majority of all patients under treatment,) moral influence becomes the invaluable and indispensable ally of medicine. In the treatment of insanity there are many remedial agents which can scarcely be designated as either altogether medical or moral: occupation, for instance, produces the beneficial effect of bodily exercise, and moral effects, by diverting the mind from morbid trains of thought;—wholesome and sufficient food produces physical effects, by favoring the alimentation of the body and promoting the due nutrition of the brain, while at the same time it gives rise to feelings of satisfaction and contentment, and thus operates on the moral side. The purely moral agencies may be distinguished into those which are brought to bear upon the individual patient, and those to which he is subjected in common with the other inmates of an institution. The first comprise the conversation and behavior of the physician, and of those he employs to assist him in this delicate and responsible duty, towards each individual patient. The present occasion does not afford space, even briefly, to describe how a physician, experienced in the treatment of the insane, acquires the tact of managing his patients,—the power to soothe the irritable, to cheer the desponding, to check the unruly. It is a power acquired by long practice, not only by medical men but by attendants and nurses. In large institutions it is through the latter the physicians must, to a great extent, obtain the performance of this work; and, consequently, the selection, the training and control of attendants become, of all his duties, the most necessary, important and responsible.

“Among the moral agencies to which the patients in an asylum are subjected in common, must be ranked their removal from the exciting causes of disease to be found in their own homes,—from the distresses, anxieties and privations too often found there,—from the temptations to excess,—from the exhortations of religious fanatics,—and from the domestic quarrels and extravagances which riot in families affected with the taint of insanity, in which, perhaps, several members are in various degrees affected with mental unsoundness. From such causes of disorder the patient is brought to a place where he is surrounded by persons in a similar condition to himself; he becomes part of a system in which order prevails—in which punctuality, cleanliness, neatness and propriety are insisted upon; in which he can neither suffer from want nor from excess. He finds hundreds of other patients obeying orders, and with the instinct of imitation he does the same. He is absorbed into the mass of patients, and his peculiarities become less glaring to others, and less cherished by himself. He finds himself part of a disciplined establishment; the discipline of which, however, is not

stern, like that of a prison, nor formal and alternating with license, like that of a barrack; but cheerful and constant: and after more or less of resistance on behalf of his individual and peculiar will, he seldom fails to fall into habits of order and industry, and, eventually, of self-control—habits which tend, by continuance, to become permanent; and which, when permanent, enable the subject of them to resume his place as a free agent among his fellow-men."

III. *Appendix to the Annual Report of the Royal Edinburgh Asylum for the Insane, for the year 1854.*

This appendix contains the tabulated results of Dr. Skae's pathological investigations during the year 1854, and, as in previous years, is a most valuable contribution to our knowledge of this wide-spread but only partially explored field. It is full of interest; but, hoping to be able, in an early number of the Journal, to present a *resumé* of the progress thus far made in the study of cerebral pathology, we must leave the subject for the present.

REPORTS OF AMERICAN ASYLUMS.

I. *Report of the Trustees of the State Lunatic Hospital at Taunton, for the year ending November 30th, 1854.* Boston, Mass., 1855.

The new State Lunatic Hospital at Taunton, a brief description of which appeared in a recent number of the Journal, was opened for the reception of patients in April, 1854, under the charge of Dr. George C. S. Choate.

In accordance with an act of the Legislature of Massachusetts, passed May 24th, 1851, three commissioners were appointed to "select an eligible site, erect thereon an asylum building suitable for the care and cure of two hundred and fifty patients, with accommodations for the superintendent, steward and subordinate officers." The first appropriation was one hundred thousand dollars, and other sums were subsequently added, amounting, with a few thousands subscribed by the citizens of Taunton, to about two hundred thousand dollars. With these means the Commissioners erected and placed in the hands of the Trustees, Feb. 2nd, 1854, "a handsome, well-built structure, in the main well adapted to the purposes for which it was designed."

But, say the Trustees, in their report, "in one respect we have deemed it advisable to make a material change. As originally constructed, there were forty-two rooms designed for the reception of violent and filthy patients. These rooms were built of stone, and brick and iron,

and were finished throughout with a view chiefly to strength. The walls were of brick, sixteen inches thick, and were whitewashed on the brick. They were placed along the centre of the wing which was devoted to them, having a narrow passage-way before and behind, and consequently having no windows opening to the outer air, and few of them any view but the same gloomy white prison walls. A small opening in the rear of each cell, guarded by strong iron bars, answered for a window; the doors were narrow, and made of the same material, each provided with two ponderous and formidable-looking locks. By the side of the door was a small aperture, just large enough to pass in food. The floors in the two upper stories were of wood. In those in the lower story, which were designed, probably, for filthy patients and such as should refuse to wear clothing, they were of stone, made sloping, and terminating in front of the cells in a stone gutter, for the convenience of washing them out. The stones also were heated, to afford warmth to the naked inmates who were expected to rest upon them. The whole were gloomy, prison-like and repulsive."

On turning over to Dr. Choate's report, we find, with great pleasure, that, at an early period after the opening of the hospital, the Board determined upon the removal of these rooms, "the use of which," he remarks, "in the manner in which they were designed to be used, (as permanent abodes of lunatics,) would have been a disgrace to any institution. This removal was accordingly accomplished, and in their place were erected thirty-two pleasant rooms, each having a window opening to the external air. These rooms are now among the most cheerful and desirable in the house."

And what has been its practical working? Unlike any other institution, at home or abroad, we find this asylum, within *eight weeks* from the reception of its first patient, filled to its utmost capacity! And yet, under circumstances trying as these, Dr. Choate, in an experience of many months, has found nothing to cause him to regret this change; and he adds, "vigilance, attention and kindness are stronger than walls of stone or bars of iron."

It is painful to us to make this allusion, but it is forced upon us, not only by our duty to our readers, but more particularly to that unfortunate class for whom these institutions were established. An esteemed correspondent, who stands high in our specialty, wrote to us soon after the sixth annual convention of superintendents, at Philadelphia, as follows: "You may remember a series of propositions, relative to the construction of hospitals for the insane, were adopted with entire unanimity, and published as the deliberate conviction of that body. Regarding the proper arrangement of such buildings as of the utmost importance, and believing that the community are bound to respect (as I am disposed to think they are inclined to do) the sentiments of a

body of practical men, like the Association of Superintendents, I would beg leave to suggest, that whenever a new hospital is commenced, you should, on behalf of your brethren, on behalf of the medical profession, of the insane, and of the whole public, ask whether these propositions have been faithfully carried out."

We know not how far the Commissioners, in deciding upon the plan of the hospital at Taunton, availed themselves of the experience of those who had had the charge of similar establishments, and were practically acquainted with the details of their management. But we cannot believe that the plans and specifications of those "cells," with their unplastered walls, their "narrow doors," their "strong iron bars" and "ponderous locks," received the approval of any one who had ever had the most remote medical connection with an American asylum.

In these remarks we would not, of course, reflect upon the gentlemen who composed that commission; on the contrary, they have exhibited, in the main, an enlightened policy, and a generous devotion to the welfare of the insane, which does them great honor; but we write in the hope of averting the occurrence of another error like this, and only for those to whom such great interests are now or may be hereafter committed.

The report of Dr. Choate is an able one, and embraces many interesting facts and observations which we would be pleased to notice, did our limits permit.

II. *Second Report of the Trustees of the Michigan State Asylum for the Insane, and for the Deaf and Dumb, and the Blind, for the years 1853 and 1854. Lansing, Mich., 1855.*

In 1848, by an act of the Legislature, the state of Michigan delegated the erection of its public institutions for the deaf and dumb, blind, and insane to one Board of Trustees. The pamphlet before us contains the report of the Principal of the school for the instruction of the deaf mutes and blind, temporarily held in a building rented for the purpose, together with the report of the Trustees in reference to the asylum buildings in process of erection. We have, in a previous number of the Journal, remarked upon the commendable policy which has governed this Board in the course they have pursued, and are pleased, in making the following extracts, to observe the enlightened views they still entertain in regard to the duties devolving upon them as almoners of the state.

We find embodied in the report a full description of the asylum building, with the modes of heating and ventilating adopted; but as we hope

hereafter to present a view of the institution, with ground plans, &c., defer for the present any reference to its architectural merits.

"Of existing institutions for the insane in the United States, that established at Trenton, New Jersey, a plan of which was submitted by the late Board, is probably the best adapted, in its general features, to the wants of this state; but the present Board came to the conclusion that none of the existing institutions combine all the improvements which are important to be adopted. It further seemed to them advisable to secure the early appointment of the Medical Superintendent, in order that the building might be erected so far under his supervision as to secure his approbation when completed. The frequent and expensive repairs of Institutions erected without such supervision led them to look upon this as a matter of the greatest economy. Many of the asylums of the United States were erected according to plans furnished by architects only, or by trustees without practical medical experience, and, when supposed to be finished, have been found so ill-arranged and defective as to call for very large additional expenditures before the building could be used.

"Acting upon these suggestions, the Board, in January last, tendered the post of Medical Superintendent of the Michigan Hospital for the Insane to Dr. John P. Gray, acting Superintendent of the New York State Asylum at Utica. The appointment was accepted by him conditionally; the condition being that a satisfactory salary should be fixed, and commence from the time he should enter upon the duties proper of Medical Superintendent and Principal, after completion of the necessary buildings for reception of patients—he agreeing, meanwhile, to devote so much of his time and attention to the buildings and fixtures as should be important. All the plans have been submitted to Dr. Gray, with whom an active correspondence has been had, and he has several times visited the state in furtherance of the interests in view. The plans which, under his valuable suggestions, were adopted, have been put into the hands of A. Jordan, Esq., architect at Detroit, for the proper architectural details, and will be presented to the Legislature for inspection and approval, together with drawings of the elevation. It is confidently believed that no institution of the kind, in any country, better combines all the necessary accommodations and conveniences, with economy of construction, which the science and skill of modern times have suggested.

"In order that the plans which we submit may be better appreciated, the Board deem it appropriate to refer to a series of propositions, relative to the construction and arrangement of hospitals for the insane, which were unanimously adopted by the 'Association of Medical Superintendents of American Institutions for the Insane,' at a meeting held in Philadelphia, May, 1851, and which are appended to this report.

"The principles laid down in those 'propositions' are fully carried out in the plans adopted, with the addition, it is believed, of some important improvements. No pains have been spared, either by the Board or by Dr. Gray, in arriving at the most just conclusions; and although this has occasioned some delay and expense, it is believed no course could have been so judicious."

The erection of the centre building was commenced as early in the spring as was practicable, and diligently proceeded with until the means were exhausted. The walls of the basement and of the first and second stories of the centre building were completed, and about four feet of the third story, when the work was brought to a stop early in September.

In urging upon the Legislature the claims of this afflicted class, the Board use the following language :

"It should be borne in mind that an institution for the insane is not one of custody merely, but of *cure*. Insanity is a disease as curable as any other acute disease of equal severity, if taken in its early stages. Under the modern enlightened system of management, by far the larger number of cases, under such circumstances, are recoverable. The statistics of asylums in the United States show, that of recent cases, from eighty to ninety per cent. are discharged, cured, or greatly improved; of chronic cases about thirty per cent. Few of these cases, probably, would have been cured, had the patients been subjected to the old methods of confinement, or even the ordinary treatment of friends and of physicians out of a curative asylum. When, therefore, we consider the fearful nature of this disease, and its results, if suffered to pass without the treatment necessary for restoration, and the number of cases which are of recent origin in our population, it seems the part of a wise and humane state policy, and one of the noblest of all public charities, to make the most ample provision possible for all her unfortunate insane. No facility should be left unapplied, nor expense spared, which is known to be conducive to so important an end.

"It appears by the returns of the late census, that there are four hundred and twenty-six insane or idiotic persons reported in this state. As such returns are known to be generally below the mark, it may be safely assumed that there is one insane person for every one thousand of population. Some of the states have one to every six hundred; others one to every fifteen hundred. This calculation would make the number of insane in this state to be not less than five hundred. The greater part of these are undoubtedly proper subjects of state care, and of cure, neither age nor social position interposing any bar.

"It will thus be seen that, if the asylum were now completed, it would still be inadequate to the wants of the state. How many of these unfortunates would be brought to the state institution we have no means of knowing, but that every ward would soon be filled we have good reason to suppose. Many insane from this state are now in the care of institutions in other states; and many more would be under such care, if it were possible to obtain it. But these institutions are everywhere full, and in some of them no amount of compensation will procure admission for a patient out of the state in which they are situated. The demand, then, is most urgent to carry on and complete the Asylum without delay.

"We esteem it to be the duty, as well as interest, of the state to make the most immediate and ample provision in its power for all its insane who are not in a condition to reside in private families, without distinction of nativity or social position. No insane person should be

hereafter to present a view of the institution, with ground plans, &c., defer for the present any reference to its architectural merits.

"Of existing institutions for the insane in the United States, that established at Trenton, New Jersey, a plan of which was submitted by the late Board, is probably the best adapted, in its general features, to the wants of this state; but the present Board came to the conclusion that none of the existing institutions combine all the improvements which are important to be adopted. It further seemed to them advisable to secure the early appointment of the Medical Superintendent, in order that the building might be erected so far under his supervision as to secure his approbation when completed. The frequent and expensive repairs of Institutions erected without such supervision led them to look upon this as a matter of the greatest economy. Many of the asylums of the United States were erected according to plans furnished by architects only, or by trustees without practical medical experience, and, when supposed to be finished, have been found so ill-arranged and defective as to call for very large additional expenditures before the building could be used.

"Acting upon these suggestions, the Board, in January last, tendered the post of Medical Superintendent of the Michigan Hospital for the Insane to Dr. John P. Gray, acting Superintendent of the New York State Asylum at Utica. The appointment was accepted by him conditionally; the condition being that a satisfactory salary should be fixed, and commence from the time he should enter upon the duties proper of Medical Superintendent and Principal, after completion of the necessary buildings for reception of patients—he agreeing, meanwhile, to devote so much of his time and attention to the buildings and fixtures as should be important. All the plans have been submitted to Dr. Gray, with whom an active correspondence has been had, and he has several times visited the state in furtherance of the interests in view. The plans which, under his valuable suggestions, were adopted, have been put into the hands of A. Jordan, Esq., architect at Detroit, for the proper architectural details, and will be presented to the Legislature for inspection and approval, together with drawings of the elevation. It is confidently believed that no institution of the kind, in any country, better combines all the necessary accommodations and conveniences, with economy of construction, which the science and skill of modern times have suggested.

"In order that the plans which we submit may be better appreciated, the Board deem it appropriate to refer to a series of propositions, relative to the construction and arrangement of hospitals for the insane, which were unanimously adopted by the 'Association of Medical Superintendents of American Institutions for the Insane,' at a meeting held in Philadelphia, May, 1851, and which are appended to this report.

"The principles laid down in those 'propositions' are fully carried out in the plans adopted, with the addition, it is believed, of some important improvements. No pains have been spared, either by the Board or by Dr. Gray, in arriving at the most just conclusions; and although this has occasioned some delay and expense, it is believed no course could have been so judicious."

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left to the care of a county house for paupers, still less of a jail, as is the case with many at present. No good results to such; for the treatment they are likely to meet with in such places, and the moral effect upon themselves, as well as those with whom they come in contact in such situations, is as bad as can well be imagined.

"Placed under favorable circumstances for recovery, a case often ceases, in a few months, to be a public charge, that otherwise would be one for life. The want of this early and judicious treatment fills our county houses with the incurable insane. The object of asylums is defeated by the want of the proper facilities for treatment. It is a mistaken political economy which cheapens the ingredients of moral medicine, when success depends upon the quality. It may be laid down as a principle, that there is no such thing as a just and proper curative or ameliorating treatment of the insane in cheaply constructed and cheaply managed institutions. The simple erection of a building would be a small matter. The erection of an institution which, in every part of its structure, looks to the cure of this worst of human maladies, is of very great importance, and can neither be very cheaply nor easily accomplished.

"The Trustees further request the attention of the Legislature to the law which limits the compensation of the superintendent to eight hundred dollars. This salary is far too small to secure the services of a superintendent who is really qualified, by superior medical knowledge, and by those high acquirements and qualities which so important a position demands. He is not only the chief physician, but the chief manager of the institution. Few possess these varied qualities, and these few can always command the highest price for their services. It is not too much to say, that the success of the institution, in a very great degree, depends upon the medical superintendent—as that of a school upon its teacher. Similar institutions elsewhere pay their superintendents salaries of from fifteen hundred dollars to four thousand dollars per annum. We can hardly hope to secure the best talent and services short of, at least, the medium price paid elsewhere—say two thousand dollars per annum. The Board recommend, in regard to all our asylums, and the employees attached to them, the most liberal policy, as the best and the cheapest. That parsimony cannot be too strongly objected to which diminishes the pay of those to whom such important trusts are committed, to the loss of the best services, and the diminution of the influence and success of the state institutions.

"The State of Michigan, though a child in age, is not one in its resources. Build, then, asylums for its manhood. So build them that they may be handed down to posterity, not as pauper houses, but as hospitals and asylums, fitted with all that experience has devised, for the care and cure of all its unfortunate children. Let a just state pride urge us to make the very best provision for our insane, and our deaf, dumb and blind, that can be procured with the aid of modern science and experience. Such institutions, the Board believe, the state will have, if these suggestions are met in such a spirit of benevolent liberality as will enable us to complete the structures designed, according to the plans. For this purpose the trustees unanimously ask from the state an appropriation of one hundred and seventy-five thousand dollars, for continuing and completing the Asylum for the Insane, and one hundred thousand dollars for buildings and other necessary expenses of the Institution for the Deaf Mutes and the Blind."

III. *Report of the Superintendent of the Lunatic Asylum of North Carolina to the Board of Commissioners, November, 1854. Raleigh, 1854.*

It is now several years since the first steps were taken by the state of North Carolina to provide an asylum for the care and treatment of its insane. The foundation walls were laid in 1850, and by the present report we learn that another year, at least, must elapse before its completion. The Board of Commissioners availed themselves of the experience of Dr. Edward C. Fisher, formerly connected with the Western Asylum, in Virginia, and appointed him to the superintendency, Sept. 1st, 1853. The report before us is principally from his pen, and is confined to a detail of the progress thus far made in the erection of the asylum buildings, the various plans adopted for warming, ventilating and lighting, and closes with an earnest exposition of the wants of the insane, and the urgent necessity of opening the institution for the reception of patients as soon as possible. North Carolina has now over five hundred insane within her limits; and, remarks Dr. Fisher, "there is too much reason to fear, judging from facts which are made known by others, that a recital of the actual condition of many would form a history, the sad details of which would cause a thrill of pain to the heart of the humane. Of the indigent insane now in the state, some are occupying cells in the jails of their respective counties, others at the respective poor-houses, while others (and we would hope but very few such) are confined within such limits and under such shelters as would seem alone fit for untamed beasts. That such a state of things should exist no longer than can be avoided, the universal sentiment and sympathies of the community at large will attest; and while a retrospect of the past, with a due consideration of the present wants of many, excites a painful emotion, it will doubtless have the important effect of causing a speedy accomplishment of the undertaking on the part of the state, and one which, we trust, is destined to bring so much of gladness to many now desolate hearts."

Dr. Fisher proposes, at some future time, when the whole work shall have been completed, to give a detailed description of the institution.

SUMMARY.

NEW LUNATIC ASYLUM IN MASSACHUSETTS.—The report of the Commissioners on Lunacy in Massachusetts, of which we elsewhere present a careful analysis, was referred to the Joint Standing Committee, of the House of Representatives, on Charitable Institutions. After consideration the Committee reported a bill authorizing the Governor to appoint a board of three Commissioners, to purchase an eligible site within one of the four western counties of the commonwealth, and cause to be erected thereon a suitable hospital for the care and cure of the insane—the accommodations of such hospital to be sufficient for two hundred or two hundred and fifty patients, a superintendent and steward, with their families, and all necessary subordinate officers, attendants and assistants. The aggregate amount of expenses and liabilities incurred by the Commissioners not to exceed two hundred thousand dollars.

We have not been informed who were named upon the Commission, but learn, from a source we deem reliable, that Northampton has been chosen as the site of the new institution.

The promptitude with which the state of Massachusetts, when once convinced of the impropriety of retaining her insane in poor-houses and receptacles, has responded to the call for more extended hospital provision is most commendable, and in pleasing contrast with the tardiness unhappily exhibited elsewhere. Within five years after the passage of the act authorizing its erection, we find the Second State Hospital at Taunton built, and in successful operation; and the same degree of energy seems to characterize the acts of the Commissioners who have in charge the erection of the third.

FURTHER PROVISION FOR THE INSANE OF NEW YORK.—The Superintendents of the Poor of the State of New York, pursuant to a previous call, met in convention at Utica, August 14th, 1855. One of the prominent objects of this convention was to take into consideration the present insufficient provision for the insane of the state, and to decide upon some course the exigency might seem to require. For several years in succession bills have been introduced before the state Legislature, authorizing the erection of an additional institution for the care

and treatment of the insane, and most favorably considered, but side issues, arising in regard to location or some other extraneous interest, have each year defeated their passage.

The Asylum at Utica—the only state institution in New York—has been for a long while crowded beyond its capacity, annually refusing from one to two hundred applications, and only receiving a portion of recent and urgent cases, by the removal of older and less promising patients to their friends, or to the poor-houses of the respective counties from which they were originally sent. The institutions of neighboring states have been able to receive a few of the wealthier class of patients, but they are now full also, and unable to afford even this slight relief.

The immediate necessity of one or more asylums for the insane is now almost universally conceded throughout the state, and the public are now beginning to perceive how impolitic it is, from a most mistaken idea of economy, to crowd the insane, by neglecting to provide asylum treatment, into hopeless incurability, and thus burden themselves with their life-long maintenance.

This is not the occasion to discuss the wants of the insane of the state, nor the question of mode and extent of the further provision which may be required; and we refer to the action of this Board of Superintendents of the Poor as a most pleasing evidence of the more enlightened and humane views which are gradually gaining possession of the public mind.

The following resolutions were, after discussion, unaniously adopted:

“Whereas, it is already conceded, and has been adopted as the policy of this state, that insanity is a disease, requiring in all its forms and stages special means for treatment and care, therefore:

“*Resolved*, That the state should make ample and suitable provision for all its insane, not in a condition to reside in private families.

“*Resolved*, That no insane person should be treated, or in any way taken care of, in any county poor or alms-house, or other receptacle provided for, and in which paupers are maintained or supported.

“*Resolved*, That a proper classification is an indispensable element in the treatment of the insane, which can only be secured in establishments constructed with a special view to their treatment.

“*Resolved*, That insane persons considered curable, and those supposed incurable, should not be provided for in separate establishments.”

It was subsequently resolved, “that a committee of five be appointed to consider and report on lunacy and lunatic asylums in their relation to pauperism.” Messrs. Jones, of Oneida, Chubbuck, of Broome, Jermain, of Niagara, Brown, of Orleans, and Kenyon, of Chenango, were named as such committee.

At an adjourned meeting of the Convention, held at Syracuse, Sept. 25th, Mr. Jones, of Oneida, Chairman of the Committee on Lunacy and Lunatic Asylums, announced that the Committee had endeavored to prepare a full report upon the subject submitted to them, but that the short time which had elapsed since their appointment had not enabled them to procure all the statistics they desired. From the data attainable, however, the Committee, in conclusion, reported :

" 1st, That the present provision for the insane is entirely defective and inadequate.

" 2d, That their condition demands immediate attention and relief.

" 3d, That this relief should be commensurate with the demand.

" 4th, They recommend this additional resolution :

" *Resolved*, That a committee of five be appointed to memorialize the Legislature, at the ensuing session, on the subject of the insane paupers of the state, and recommend speedy action, so as to insure attention to the wants of this class of our fellow-citizens."

WESTERN LUNATIC ASYLUM, HOPKINSVILLE, KY.—This institution, the second for the care and cure of the insane erected by the state of Kentucky, was opened for the reception of patients, Nov. 1st, 1854, and has already received over one hundred. Samuel Annan, M. D., a prominent member of the profession at the west, is the Medical Superintendent.

HONORARY DEGREES.—At the recent commencement at Amherst College, the honorary degree of LL. D. was conferred upon Dr. Luther V. Bell, the distinguished physician to the McLean Asylum, Somerville, Mass.

Yale College has recently conferred the honorary degree of Master of Arts upon Hon. Chas. H. Stedman, M. D., formerly Superintendent of the Boston Lunatic Hospital.

APPOINTMENTS, RESIGNATIONS, &c.—Dr. George Cook, formerly connected with the New York State Lunatic Asylum, has recently taken the medical charge of Brigham Hall, a private establishment for the insane, at Canandaigua, N. Y.

Dr. John R. Allen, formerly Superintendent of the State Lunatic Asylum, at Lexington, Ky., has been appointed Professor of Obstetrics and Diseases of Women and Children, in the Medical Department of the University of Missouri.

Dr. N. D. Benedict, late Superintendent of the New York State Lunatic Asylum, is to have the medical care of a *sanitarium* for affections of the throat and lungs, soon to go into operation at Magnolia, East Florida.